



CITY OF PLYMOUTH

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH
PORT MEDICAL OFFICER

AND

SCHOOL MEDICAL OFFICER

FOR THE YEAR 1932

T. PEIRSON, M.D., D.P.H.





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PLYMOUTH

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PUBLIC HEALTH COMMITTEE.

The following Members of the Council have served on the Public Health Committee during the year :—

Councillor F. D. Baxter (*Chairman*), Alderman H. M. Medland (*Chairman* until November), Councillor Mrs. Daymond (*Vice-Chairman*), Alderman L. R. Dunstan, Councillors E. Brock, P. Jolly, C. L. Lander, W. Matthews, J. E. Pillar, W. H. Priest, H. C. Reid, Mrs. Robins, A. E. Travers-Stubbs, H. Porter (until November).

MATERNITY AND CHILD WELFARE COMMITTEE.

The following Members of the City Council have served on the Maternity and Child Welfare Committee during the year :—

Councillor (Mrs.) Pook (*Chairman*), Alderman H. M. Medland (*Chairman* until November), Councillor (Mrs.) Brock (*Vice-Chairman*), Alderman (Mrs.) Marshall, Councillors F. D. Baxter, E. Brock, A. H. Crimp, (Mrs.) C. H. Daymond, C. L. Lander, W. Matthews, H. C. Reid, (Mrs.) Robins, A. E. Travers-Stubbs, *W. T. Goss (until November), F. S. C. Kelland (until November).

* Deceased.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

A. *Medical*—whole-time.

T. Peirson, M.D., M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health ; General Medical Superintendent, City Hospitals ; Port Medical Officer.

W. S. Walton, M.D., B.HY., D.P.H., Deputy Medical Officer of Health ; Senior Assistant Port Medical Officer.

E. J. Hynes, F.R.C.S. (Ed.), D.P.H., Resident Medical Officer, Isolation Hospital ; Venereal Diseases Medical Officer.

H. T. Chatfield, M.C., M.B., D.P.H., Clinical Tuberculosis Officer.

Marion Smellie, M.A., M.B., D.P.H., Maternity and Child Welfare Medical Officer.

Mildred A. Thynne, M.R.C.S., L.R.C.P., D.P.H., Assistant Maternity and Child Welfare Medical Officer.

Iris V. I. Ward, M.D., Assistant Maternity and Child Welfare Medical Officer.

P. B. P. Mellows, L.M.S.S.A., D.T.M. and H., Assistant Port Medical Officer.

A. T. Bettinson, L.R.C.P., M.R.C.S., Resident Medical Officer, Didworthy Sanatorium.

D. F. Johnstone, L.R.C.P., M.R.C.S., D.P.H., Resident Medical Officer, Mount Gold Hospital.

I. Lewis, M.D., M.S., L.R.C.P., M.R.C.S., D.P.H., Medical Superintendent, City Hospital.

W. F. D. Benton, L.R.C.P., M.R.C.S., Resident Medical Officer, City Hospital.

A. K. Kerr, L.R.C.P., M.R.C.S., Resident Medical Officer, City Hospital.

I. Titcombe, B.A., B.M., B.CH., Resident Medical Officer, City Hospital.

A. Maughan, M.C., L.D.S., Dental Surgeon.

Medical—part-time.

Consulting Physicians :—

W. A. Lister, M.B., M.R.C.P.

T. A. A. Hunter, B.A., M.B., M.R.C.P.

Consulting Surgeons :—

L. W. Innes, M.B., F.R.C.S. (Ed.).

E. F. Wilson, F.R.C.S.

Consulting Gynæcologists :—

Mabel Ramsay, M.D., F.R.C.S. (Ed.), D.P.H.

J. W. G. H. Riddell, M.C., M.D., F.R.C.S. (Ed.).

Pathologist :—

E. Wordley, M.C., M.D., M.R.C.P.

Consulting Ophthalmologist :—

W. H. Davis, L.R.C.P., M.R.C.S.

Consulting Laryngologist :—

C. R. Crowther, M.D.

District Medical Officers :

Plymouth :

W. P. Hardwicke, L.M.S.S.A.

T. M. Jamieson, B.A., L.R.C.P., L.R.C.S. (Ed.).

T. B. P. Wilkinson, M.B., B.CH.

A. V. Ledger, M.D.

Devonport :

R. J. Fleming, M.B., B.CH.

J. N. Morris, L.R.C.P., M.R.C.S.

B. H. Stribling, L.R.C.P., M.R.C.S.

J. E. C. Wilson, L.R.C.P., L.R.C.S.

Stonehouse :

W. H. Waterfield, L.R.C.P.I., L.M.

Public Vaccinators :

Plymouth and Stonehouse :

W. H. Waterfield, L.R.C.P.I., L.M.

Devonport :

J. N. Morris, L.R.C.P., M.R.C.S.

G. C. Sandford, M.D. (Ed.), C.M.

B. *Other Staff.*

Chief Clerk :

C. Ivory, F.C.C.S.

Sanitary Inspectors :

N. Ruse* (Chief Sanitary Inspector), J. Burke,* V. Edwards,*† W. S. Northmore*† (Factories and workshops, milkshops and dairies' Inspector), H. Smith,*† T. Painter,* S. Fedrick,* W. McGinnes,* P. Williams,* E. Conway* (Rat Inspector), W. T. Pessell,* W. S. Wales*† (Food and Drugs Acts' Inspector, and Inspector of Dairies and Milkshops), L. England,*† A. S. Kitt*† (Fish Inspector), P. S. Bulleid*† (Port Sanitary Inspector), H. Foster* (deceased).

Meat Inspectors :

J. Thorning,*†‡ P. A. Hawthorn,*†

Health Visitors :

M. Baxter||* (Superintendent Health Visitor), K. Gillard,||§, M. K. Reid,|| F. A. Rendell,|| F. Wood,|| S. Dawkins,|| E. Burrows,||§, E. McInerny,||§*, F. Parnell,|| F. Sprigg,|| I. M. Arscott,|| G. M. Speakman|| (has now left Department), R. Crompton||§ (has now left Department), L. Macdonald (Tuberculosis Health Visitor), M. Cox§ (Tuberculosis Health Visitor), N. Cruse (Tuberculosis Health Visitor).

A part-time veterinary surgeon acts for the Corporation.

The Public Analyst, Mr. T. Tickle, F.I.C., has his offices in Exeter.

There are two Vaccination Officers in the City.

* Sanitary Inspector's Certificate.

† Meat Inspector's Certificate.

‡ Sanitary Science Certificate.

|| Certificate of Central Midwives Board.

§ Health Visitor's Certificate.

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE CITY OF PLYMOUTH.

I have the honour to present to you my Annual Report upon the health services of the City of Plymouth for the year 1932. During the first half of the year, the Public Health Department was under the control of my predecessor, and until near the end of the year I acted as your Medical Officer of Health, before the permanent appointment was made.

During the year, a further stage of the HOSPITAL RE-ORGANISATION scheme was reached when Udal Torre Sanatorium was closed, and the forty beds there for male cases of advanced and intermediate pulmonary tuberculosis were transferred to Mount Gold Hospital. The remaining tuberculosis beds for women at Swilly Isolation Hospital were also moved to Mount Gold. In May, the orthopædic wards, with accommodation for 120 beds, at Mount Gold were opened by H.R.H. the Duchess of York, although the construction was not quite complete.

The new CENTRAL LAUNDRY, which was built on the old prison site, commenced work in July, and this serves all the institutions under the Public Health Committee, the laundries at Mount Gold and the City Hospitals having been closed down.

The CITY GENERAL HOSPITAL has continued to do excellent work, and it is becoming increasingly popular. We are, unfortunately, losing the services of the Medical Superintendent, Mr. Lewis, who has been appointed to a similar post at the North Middlesex Hospital.

With regard to HOUSING, a Manager was appointed early in 1932 to undertake the work under the Housing Acts. Much re-conditioning has been carried out during the year, and recently, the Ministry of Health, after holding a Local Enquiry, sanctioned a modified scheme in connection with the clearance area between

High Street and Peel Street, Stonehouse. A great deal still requires to be done to improve some very bad housing conditions in the city.

MATERNAL MORTALITY in Plymouth is still a source of anxiety. It is much higher than it should be. The Maternity and Child Welfare Committee are at present considering a scheme for the provision of specialist services in difficult obstetric cases and, with the co-operation of the voluntary hospitals, the establishment of a maternity hospital centre and consultant clinic at the City Hospital. It is felt that there is a real necessity for some such scheme at the present time.

There has been no serious outbreak of INFECTIOUS DISEASE in the City during 1932, although an unusual prevalence of scarlet fever of a fairly mild type during the last two months of the year rather strained the bed accommodation at the Isolation Hospital.

I have to record with regret the death of Mr. Foster, a sanitary inspector, who has been in the public health service very many years, and also the death of Mr. Street, the Secretary of the Tuberculosis Care Committee.

In May the Council appointed a special committee to investigate and report upon the administration and expenditure of the Public Health Department, and the services were subjected to a searching examination. This investigation naturally entailed a large amount of additional work for all the departments, and I must pay a special tribute to all the members of my staff for their loyalty and willing help during a very difficult year.

I have the honour to be,

Your obedient servant,

T. PEIRSON,

Medical Officer of Health.

TOWN HALL,
STONEHOUSE,
March, 1933.

Statistical and Social Conditions of
the Area

Statistical and Social Conditions of the Area

Area (in acres) 5,711 (land and inland water)

Registrar General's estimate of resident population 208,440

Number of Inhabited Houses (end of 1932) 35,314

Rateable value £1,637,000

Sum represented by a penny rate £6,595

Live Births—Legitimate males 1601

„ females 1526 Total 3127

Illegitimate males 65

„ females 59 Total 124

— 3,251

Birth-rate per 1,000 of the estimated resident population 15.59

Still Births—

Legitimate, 144 ; Illegitimate, 9 Total 153

Rate per 1,000 total (live and still) births 44.94

Deaths—

Males, 1273 ; Females, 1343 Total 2616

Death-rate per 1,000 of the estimated resident population 12.55

Deaths from puerperal causes—

Puerperal sepsis 8

Other puerperal causes 12 Total 20

Rate per 1,000 total (live and still) births 5.87

Death-rate of Infants under 1 year of age—

All infants per 1,000 live births	..	..	58.44
Legitimate infants per 1,000 legitimate live births	..	..	56.92
Illegitimate infants per 1,000 illegitimate live births	..	..	96.77

Deaths from Measles (all ages)	..	..	..	6
Deaths from Whooping Cough (all ages)	..	..	..	16
Deaths from Diarrhoea (under 2 years of age)	..	..	..	11

Marriages—

Plymouth, 1057 ; Devonport, 675 ; East Stonehouse,	..	..	..	..	..	1839
107	..	..	..	..	..

Persons in receipt of Poor Law relief (December 31, 1932)—

	<i>Men.</i>	<i>Women.</i>	<i>Children.</i>	<i>Total.</i>
Persons receiving Out-door Relief	1950	2829	2072	6851
Children boarded-out	—	—	71	71
Children in the Children's Homes	—	—	130	130
Persons in Ford House Institution	168	119	—	287
Casuals at the East Stonehouse Institution	45	2	2	49

Unemployed persons in the City (December 19, 1932)—

<i>Men.</i>	<i>Women.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
9642	1355	215	143	11355

CHART A.

VITAL STATISTICS IN WARDS FOR 1932.

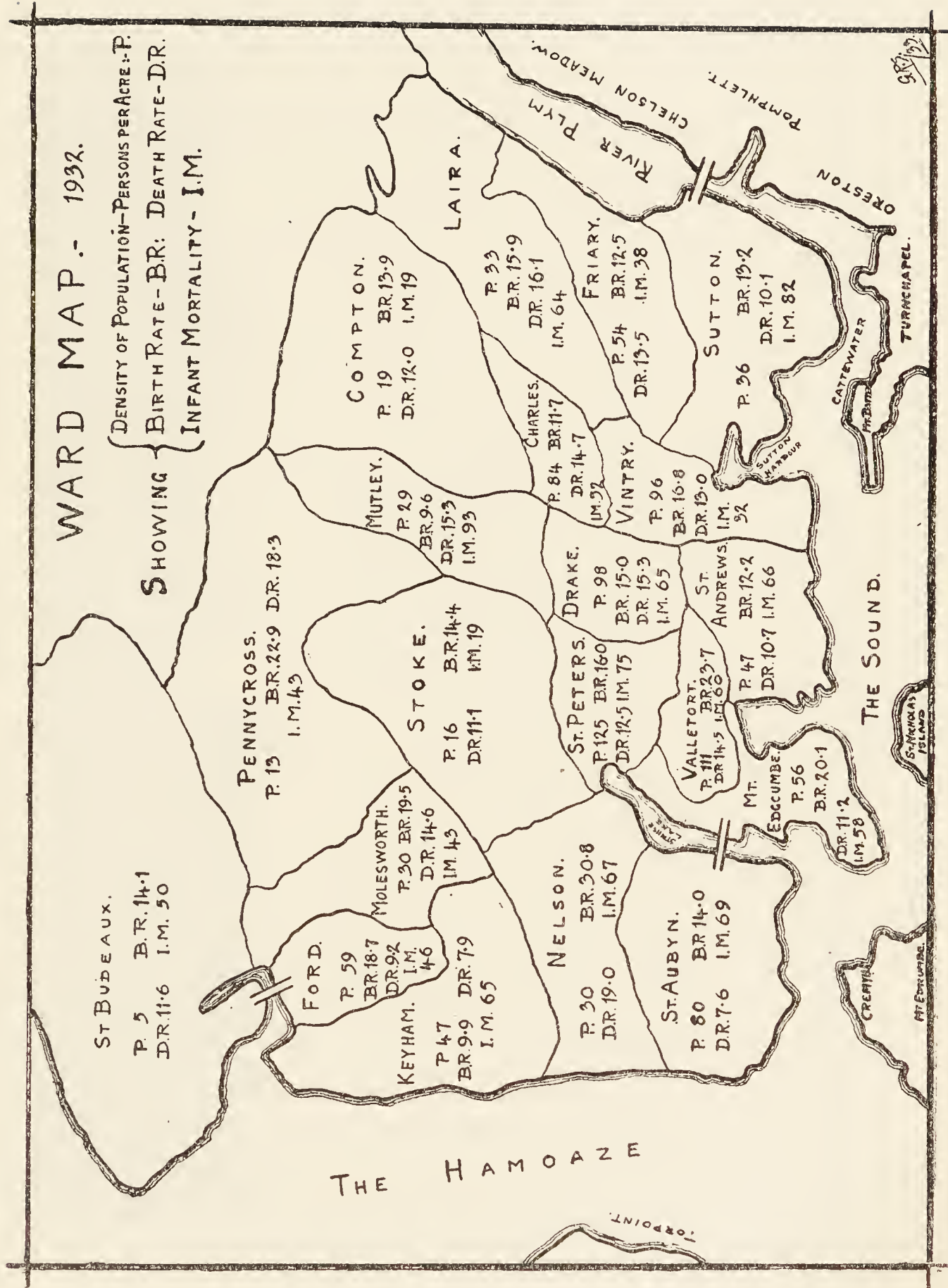
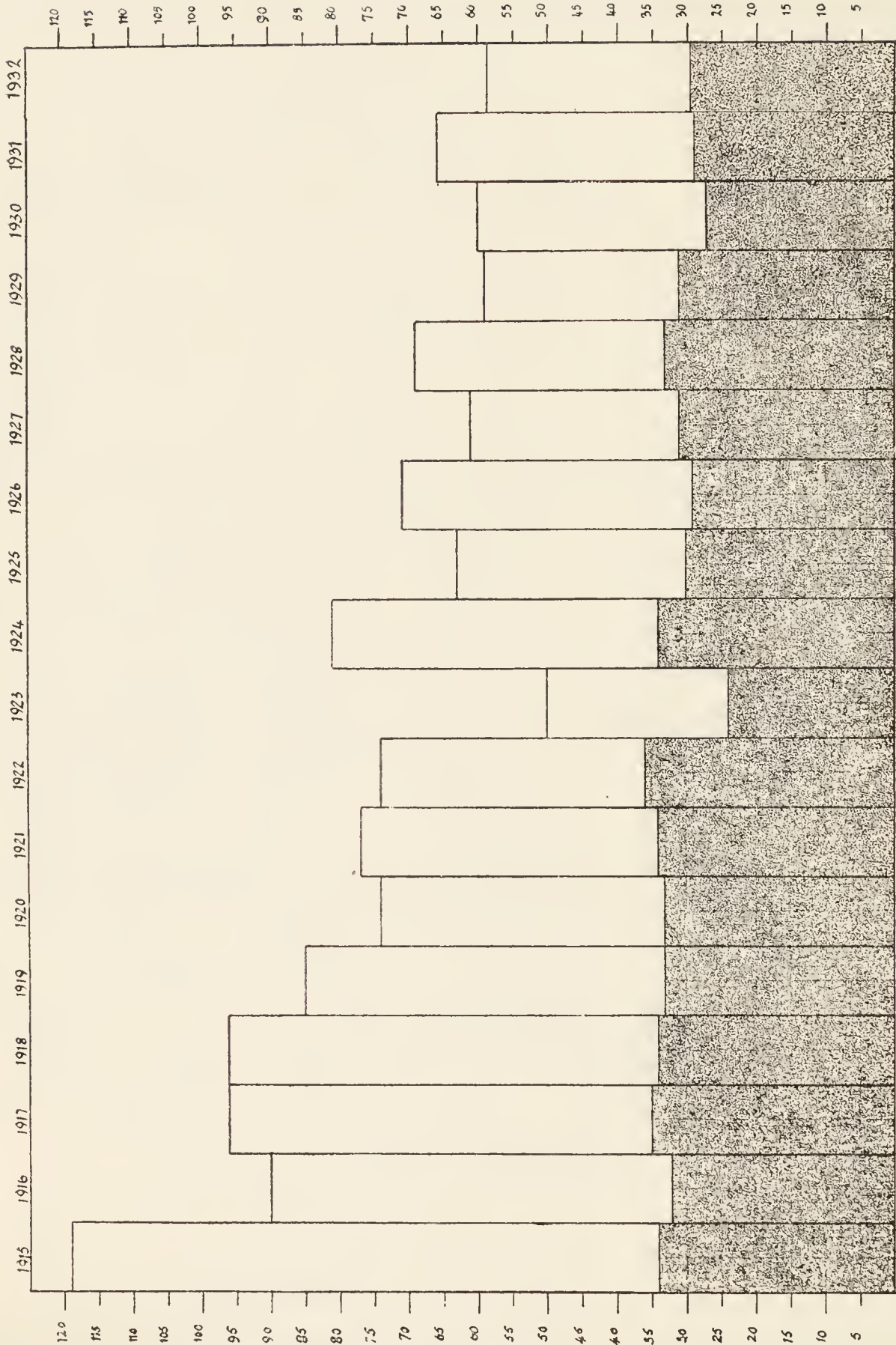


CHART B.
INFANT MORTALITY, 1915—1932.



NOTE: The shaded portion shows the number of Deaths due to ante-natal causes per 1,000 births; and the unshaded portion shows the Deaths due to post-natal influences. The total column shows the rate of infant mortality year by year.

[illegible]

General Provision of Health Services.

General Provision of Health Services

**Local Govern-
ment Act, 1929.** There have been no further developments under this Act during the year. The Public Health Committee is at present considering a proposal to provide accommodation at the City Hospital for the observation of pre-certification mental cases. This class of patient at present is dealt with at Ford House, which is under the control of the Public Assistance Committee and which has no resident doctor. Many of these patients are acutely ill physically as well as mentally, and it is felt that they should be treated and observed in a general hospital. There is no intention to transfer certified mental cases such as senile dementia or the mental defectives from Ford House to the City Hospital. When the necessary period in the observation ward had elapsed, the patient would either be sent home, transferred to a general ward, or, if it were considered necessary or desirable, would be sent to the Mental Hospital.

No actual consultations with the representatives of the voluntary hospitals have been held during the year, but it is hoped that very soon the voluntary hospitals will be asked to co-operate in a scheme to centralize the in-patient treatment of complicated antenatal and obstetric cases in the City Hospital, instead of the present system whereby emergency obstetric cases are admitted into any of the hospitals under the surgeon of the day.

**Poor Law
Medical
Out-Relief.** The supervision of Medical out-relief is under the control of the Public Health Department. The work is carried on by nine part-time medical practitioners, as it was before the transfer of this service to the Council. No dispensing, however, is now done by these doctors. Instead, a system of giving prescriptions has been adopted similar to that in force under the National Health Insurance Act. These

prescriptions are dispensed by the local chemists and they are priced by the pricing bureau of the National Pharmaceutical Union.

WORK OF DISTRICT MEDICAL OFFICERS DURING 1932

District.	Number of visits to patients' homes.			Number of attendances of patients at surgery.		
1	300	1,000	
2	457	1,559	
3	552	2,155	
4	430	1,453	
5	320	1,166	
6	657	1,110	
7	739	300	
8	602	924	
9	409	438	
				4,466	10,105	

Institutional Provision for the care of Mental Defectives. There is institutional accommodation at Ford House, Devonport, for 75 low-grade mental defectives over the age of sixteen. The special school, Salisbury Road (non-residential), has an accommodation of about 253 for educable defectives. Occasional cases are sent to Hampton House, Ebrington Street, and to a few outside institutions, but at present the available accommodation is hopelessly inadequate. However, this problem should solve itself when the extension scheme at the Royal Western Counties Institution, Starcross, is completed.

I am indebted to the Secretary of the Voluntary Association for the following particulars :—

PLYMOUTH VOLUNTARY ASSOCIATION FOR MENTAL WELFARE.

Year ending 31st December, 1932.

					M.	F.	Total.
Referred by Local Education Authority for Af-							
ter-Care	..	..	..	..	10	4	14

Of whom :—	<i>M.</i>	<i>F.</i>	<i>Total.</i>
In employment	3	0	3
Unemployed	5	3	8
At home, unable to work (epileptic) ..	1	0	1
Died	0	1	1
Attending Juvenile Unemployment Centre ..	1	0	1
	<hr/>	<hr/>	<hr/>
	10	4	14
	<hr/>	<hr/>	<hr/>
<i>Notified by Education Authority to Local Authority</i>	28	26	54
	<hr/>	<hr/>	<hr/>

Of whom :—	<i>M.</i>	<i>F.</i>	<i>T.</i>
Excluded and Notified before age of 16	9	8	17
Notified at age of 16	19	18	37
	<hr/>	<hr/>	<hr/>
	28	26	54

Of whom :—			
Attending private school	1	0	1
At home (<i>unemployable</i>)	4	4	8
(1 female has since died).			
Awaiting vacancies in institutions	2	2	4
(1 male attends Training Centre meanwhile.)			
To Institutions (by Order)	3	2	5
(1 female has since returned to parents, on Licence.)			
Placed under Guardianship	1	0	1
(with parent for financial help.)			
In employment	3	2	5
At home (unemployed)	10	12	22
(1 girl now under Guardianship with parent for financial help.)			
In Scattered Home (girl shortly to be placed out)	1	1	2
Attending Training Centre	1	1	2
(also 1 male—included in “Aw. Vac.”)			
Untraced	1	2	3
At home (unable to work through ill health) ..	1	0	1
	<hr/>	<hr/>	<hr/>
	28	26	54
	<hr/>	<hr/>	<hr/>

Nursing in the home.

There are no changes in the provision of home nursing in Plymouth since those described in the 1930 report of the Medical Officer of Health. Two Nursing Associations in the City undertake this work—namely, the Three Towns Nursing Association and the Alexandra Nursing Association. Both Associations do general nursing and the former also visit cases of tuberculosis for the City Council. They do not visit cases of infectious disease.

Laboratory Facilities.

The bacteriological and pathological work for the City Council is done by Dr. E. Wordley at the South Devon and East Cornwall Hospital. The following table shows the extent of this work during the year :—

S.D. & E.C. HOSPITAL, PLYMOUTH. PATHOLOGICAL LABORATORY.

Figures for 1932.

Briefly, the nature of these examinations is as follows :—

Sputa for Tubercle	..	..	..	..	1,934
Swabs for Diphtheria	..	..	..	..	7,779
Rats for plague	..	..	..	..	120
Bacteriological counts for milk		..	..	..	1,333
Bacteriological counts on shell-fish, waters, cream, ice-cream, etc.	..	..	..	..	67
Hairs (for ringworm)	..	..	..	..	57
Lochial swabs	..	..	..	..	1
Blood counts	..	..	..	..	8
Urines	..	..	..	..	87
Fæces	..	..	..	..	4
Cerebro-spinal fluids	..	..	..	..	10
For Enteric Fever	..	..	..	..	22
Others	..	..	..	..	13
Wasserman and Kahn reactions		..	..	..	3,228
For Gonococci	..	..	..	..	1,247
Animal inoculations	..	..	..	..	20
TOTAL					15,930

Further examinations, as listed below, were made for the CITY HOSPITAL :—

Sputa for Tubercle	350
Microscopical and other examinations of morbid tissues ..	144
Serological examinations	67
Bacteriological examinations	906
Blood counts	87
Biochemical examinations	632
Wasserman and Kahn reactions	968
For Gonococci	80
<hr/>	
TOTAL ..	3,234
<hr/>	

The chemical analysis of water, milk, and foodstuffs is done by the Public Analyst, Mr. Tickle, whose laboratory is in Exeter. Particulars of these chemical examinations will be found in the section relating to the inspection of food.

Changes in local Public Health Legislation. The provisions of the Infectious Diseases (Notification) Act, 1889, ceased to relate to Chicken Pox from December 5th, 1932.

Hospitals. The treatment of all cases of intermediate and advanced pulmonary tuberculosis is now confined to *Mount Gold Hospital*, where there are 80 beds for this purpose (40 males and 40 females). All tuberculosis patients have now been taken away from Swilly Isolation Hospital, and Udal Torre Sanatorium, which accommodated 40 male intermediate and advanced cases, has now been permanently closed. The patients were transferred to Mount Gold Hospital. The wards there were previously fever wards and they required a certain amount of internal reconstruction. One female ward has been reconstructed so as to provide ten single cubicles and two small wards, and extra annexes were added.

The Orthopædic section of Mount Gold Hospital was formally opened by H.R.H. the Duchess of York in May. Accommodation is available for 120 beds in three single-story pavilions, in addition to a Surgical Block. It is proposed to furnish the wards for the time being with sixty beds only, forty for children and twenty

for adults. The Council will then treat there all the surgical tuberculosis and other orthopædic cases which at the present time are sent away to various hospitals. These wards should be occupied before this goes to press.

The old Hospital Laundry has been converted into a kitchen and staff dining-rooms, and the administration block has been extended to accommodate the increase of staff.

There were 1360 cases of infectious disease admitted to *Swilly Isolation Hospital* during the year. The number of beds is 183. The new cubicle blocks have proved extremely useful for the isolation of double infections, measles-pneumonia whooping cough-pneumonia, and occasional cases of erysipelas from other hospitals. Whenever accommodation is available, cases of measles-pneumonia under unsuitable home conditions are admitted to the cubicle blocks.

During the months of November and December the accommodation became severely taxed owing to the occurrence of an unusual number of scarlet fever cases. However, after a letter had been circulated to the doctors in the city, a good proportion of scarlet fever patients were nursed at home, wherever it was possible to arrange fairly reasonable isolation of the patient in the house.

Didworthy Sanatorium now has a total accommodation of 100, for men, women and children. A fair proportion of these beds have been unoccupied during the year. It is generally recognised that pulmonary tuberculosis in children is not so common as was once thought, and this accounts to a certain extent for the number of empty beds at Didworthy.

Many more cases of pulmonary tuberculosis both at Didworthy Sanatorium and at Mount Gold Hospital are being treated by means of artificial pneumo-thorax. This method of treatment is probably the only real advance of recent years in our knowledge of the care of pulmonary tuberculosis cases. The results of this mode of treatment in properly selected patients are very satisfactory, and the great advantage to the patient lies in the fact that he or she can continue the treatment after returning to work, by attending at the Dispensary say one half-day per month.

The *City Hospital* has provided its free share of General Hospital service during the year. The average bed occupation being 483 out of a total accommodation of 577. Of this total accommodation there are 355 beds for chronic cases, 124 acute medical and surgical beds, provision in the nursery for 40 children under three years of age, 30 beds for sick children and 22 maternity beds.

There are further particulars of the work done in the special section of this report relating to the *City Hospital*. There is no doubt that the hospital is being made use of to an increasing extent for acute medical and surgical cases.

Reference has been made earlier in this report to a proposed scheme shortly to be considered by the Public Health Committee in consultation with the representatives of the voluntary hospitals, whereby all the maternity work will be done at the *City Hospital* under consultant specialist care, and so relieve the voluntary hospitals of the treatment of these complicated obstetric cases.

At present the municipal service of the treatment of venereal diseases, both in-patients and clinic, is carried on at the *South Devon and East Cornwall Hospital*.

A tuberculosis sub-dispensary is established in the *Royal Albert Hospital, Devonport*.

A National Radium Centre was established in January, 1932, at the *South Devon and East Cornwall Hospital*, under the charge of a full-time Radium Officer.

Ambulance Facilities.	Cases of infectious disease are removed to Hospital in one of the four Corporation ambulances. One of the old vehicles was replaced by a new motor ambulance during the year.
----------------------------------	---

Non-infectious and accident cases and maternity patients are conveyed by the local branch of the *St. John Ambulance*.

**Clinics and
Treatment
Centres.**

The various clinics provided by the Public Health Committee are as follows :—

- | | | |
|-----|---|---|
| 1. | Maternity and Child Welfare
Centre and Ante-Natal Clinic | Stonehouse Town Hall. |
| 2. | Do. do. | Beaumont Park. |
| 3. | Do. do. | Wolseley Road, Devonport. |
| 4. | Do. do. | Devonport Park. |
| 5. | Ante-Natal Centre | City Hospital. |
| 6. | Venereal Diseases Clinic | South Devon and East Cornwall Hospital. |
| 7. | Tuberculosis Dispensary | Beaumont House. |
| 8. | Do. do. | Royal Albert Hospital, Devonport. |
| 9. | Dental Clinic (General Public
Health and Maternity and
Child Welfare) | Beaumont House. |
| 10. | Diphtheria Immunisation Clinic | Stonehouse Town Hall. |
| | Do. do. | Devonport Park. |
| | Do. do. | Beaumont Park. |

Cancer. I am indebted to the Secretary of the South Devon and East Cornwall Hospital for the following particulars :—

“ The National Radium Centre, Plymouth, was established in January, 1932. The first consignment from the National Radium Commission was not received until June, treatment until then being carried out with the radium already belonging to the hospital.

“ On June 10th, 175 milligrammes were received from the Commission ; in August a further consignment of 93.31 milligrammes, and in December, 60 milligrammes. There are still 179.91 milligrammes to be received.

“ During the year a large number of patients have been examined, and of these 73 have been treated ; 5 as out-patients and 68 as in-patients.”

Maternity and Child Welfare

MATERNITY AND CHILD WELFARE.

Midwives. No municipal midwives are employed in Plymouth, and there is no subsidising of the midwife in private practice, apart from the payment of a fee of 25s. in necessitous cases, for which due application has to be made in the pre-natal period. This fee was paid in 39 cases in 1932.

Notification of intention to practice was received from 82 midwives, of whom 32 left the district during the year, and one died. At the end of the year 49 midwives were practising in the City, 21 attached to institutions and 28 in private practice. There are 2 *bona-fide* midwives in private practice. The total number of midwives in private practice is gradually decreasing. Two midwives had over 150 cases, 2 between 100 and 120, 3 between 70 and 90, 4 between 50 and 60, and 17 under 50, 9 being under 20.

Roughly two-thirds of the total births were attended by midwives.

District cases attended by midwife	1654
District cases attended by midwife acting as maternity nurse	565
*Institutional cases attended by midwife	500
Institutional cases attended by midwife acting as maternity nurse	276
City Hospital cases attended by midwife	225
City Hospital cases attended by midwife with doctor ..	52
	<hr/>
	3272
	<hr/>

Medical help was summoned by midwives in 855 cases, that is 39 per cent of the cases attended by them ; 735 calls were for the mother, and 120 for the infant. The number of calls for discharging eyes has again decreased, being approximately half of last year's figure, and one-third of that for 1930. This is probably due to more effective ante-natal and prophylactic treatment. The number of calls for ruptured perineum is steadily increasing—170 in 1930, 207 in 1931, and now 238. The number of calls for albuminuria is almost twice that of the two preceding years. This denotes more efficient ante-natal supervision by the midwife.

* Includes maternity homes and private nursing homes, but not 137 births in general hospitals.

The following are the reasons given for seeking medical aid :—

Albuminuria	..	..	..	48
Œdema	..	..	..	21
Fits	..	..	..	7
Fainting attacks	..	..	..	4
Unsatisfactory condition of mother—				
Ante-natal	..	..	..	41
Post-natal	..	..	..	8
Varicose veins	..	..	..	2
Vaginal discharge	..	..	..	7
Pus in urine ..	..	..	..	6
Severe sickness	..	..	..	5
Umbilical hernia	..	..	..	1
Hydramnios ..	..	..	..	6
Malpresentation	..	..	..	61
Contracted pelvis	..	..	..	19
Hæmorrhage—				
Ante-partum	..	..	..	36
Post-partum	..	..	..	4
Baby ..	..	..	..	3
Placenta prævia	..	..	..	3
Premature labour	..	..	..	5
Uterine inertia	..	..	..	2
Prolonged labour	..	..	..	126
Prolapse of cord	..	..	..	2
Retained membranes	..	..	..	22
Severe after-pains	..	..	..	1
Abdominal pains	..	..	..	6
Ruptured perineum	..	..	..	238
Miscarriage ..	..	..	..	16
Rise of temperature	..	..	..	21
Influenza ..	..	..	..	3
Jaundice ..	..	..	..	1
Phlebitis ..	..	..	..	1
Pleurisy ..	..	..	..	1
Fœtal distress	..	..	..	2
Asphyxia, infant	..	..	..	2
Death of infant	..	..	..	6
Stillbirth ..	..	..	..	8
Deformity of infant	..	..	..	8
Feeble infant	..	..	..	54

Phimosis	..	..	..	..	6
Discharging eyes	..	..	..	..	33
Skin conditions—					
mother	..	..	..	..	3
baby	..	..	..	..	6
					<hr/>
					855
					<hr/>

Five hundred and thirty-eight doctors' accounts were dealt with under section 14 of the Midwives Act, 1918, and in 446 of these the whole fee was paid by the Local Supervising Authority. In 58 cases the full fee was recovered and in 34 half of the fee.

There have been several minor breaches of the C.M.B. rules, but no suspension from practice for more than 24 hours. One hundred visits of inspection were paid to midwives in their own homes. The keeping of ante-natal records and temperature charts is not always as satisfactory as is desirable, but there is a tendency to improvement.

Post-Certificate Course. A refresher course for midwives was again held during the last week in October. This has come to be regarded as an annual event, and is much appreciated, especially by midwives practising in country districts. Eleven different lectures and two practical demonstrations were given, and on two evenings medical films were again shown. The average attendance at each lecture was 57, and 99 midwives attended the course.

MATERNAL MORTALITY.

Circular 1167 and Memorandum 156, M.C.W. No special action has been taken by the local authority *re* above, as most of the provisions were already in existence.

Municipal ante-natal clinics are well attended. Expectant mothers frequently come for advice early in pregnancy before any midwife or doctor is booked. Several independent midwives refer most of their cases to the ante-natal clinics for supervision. Unfortunately midwives do not make a practice of attending with their patients, and so do not educate themselves in ante-natal work. Few doctors' cases attend the clinics. All abnormalities discovered at clinics are reported to midwives or doctors, and general reports on the progress of the case are sent when necessary.

There is close co-operation between all the municipal clinics and the City Hospital ante-natal clinic. Normal cases who wish to be confined in the hospital are sent up early to book, and again at the 36th week, intermediate supervision being carried out at the Maternity and Child Welfare ante-natal clinics. Abnormal cases are referred to hospital when necessary, and beds are available for in-patient ante-natal treatment.

No consultant service has been established as yet for district cases, but steps are being taken to provide this in the near future.

The provision of hospital beds is adequate. Private practitioners can attend their own cases in either of the two large maternity homes, but not in the maternity wards of the City Hospital.

Handywomen are still employed, though not to any great extent. The services of a midwife, and of a home-help are available free of all charge in necessitous cases, therefore there is no reason why the handywoman should continue to be employed.

Sterilised maternity outfits are available, but the demand for them is small.

The "home-help" service functions well, and is very popular.

Milk has been supplied to expectant mothers since 1921.

Laboratory facilities exist for the examination of pathological material submitted by doctors.

In 1931 a circular letter was sent by the M.O.H. to all midwives practising in the City urging the need for co-ordinated effort to reduce maternal mortality. Six years ago mothers attending ante-natal clinics had to be persuaded to undergo examination, now they expect it and accept it as the ordinary routine procedure. Thus far has public opinion advanced. The demand for a higher all-round midwifery service will naturally follow.

Thirty-three women died in Plymouth during 1932 from causes attributed to or associated with pregnancy and childbirth. Nine were women from other districts, 6 of whom were confined in Plymouth, and 3 outside Plymouth. With the exception of the 3 latter all the deaths, i.e., 30, were investigated on the lines laid down by the Ministry of Health for the purpose of their special report on maternal mortality, and each report when completed was forwarded to the Ministry.

Death was probably due to concurrent disease in 5 cases, leaving 25 deaths directly attributable to pregnancy or childbirth.

Deaths associated with pregnancy, 5. . (Illegitimate, 1.)

<i>Cause of death.</i>				<i>Parity.</i>			
Lobar pneumonia	..	2		1st pregnancy	..	..	2
Sarcoma of uterus	..	1		2nd	„	..	1
V.D.H.	..	1		3rd	„	..	1
Chronic nephritis	..	1		6th	„	..	1
		—					—
		5					5
		==					==

<i>Ages.</i>				<i>Duration of pregnancy.</i>			
20–25 years	..	..	1	Term	..	..	5
25–30	„	..	2	Premature	..	..	—
35–40	„	..	1	Abortion	..	..	—
Over 40	„	..	1				—
		—					5
		5					==
		==					

<i>Character of labour.</i>							
Spontaneous	..	..	2	Confined in institutions	..	..	4
Instrumental	..	..	2	„ „ own home	..	..	1
Cæsarean	..	..	1				—
		—					5
		5					==
		==					

<i>Ante-natal supervision.</i>				<i>Home conditions.</i>			
Satisfactory	..	..	3	Very good	..	..	1
Inadequate	..	..	2	Fair	..	..	3
		—		Poor	..	..	1
		5					—
		==					5
							—

Deaths attributed to pregnancy and childbirth, 25. (Illegitimate, 4.)

<i>Causes.</i>			<i>Parity.</i>		
Puerperal sepsis	..	7	1st pregnancy	..	12
Toxæmia	..	2	2nd	„	2
Uræmia	..	1	3rd	„	2
Eclampsia	..	1	4th	„	3
Hæmorrhage	..	3	5th	„	3
Ruptured uterus	..	2	11th	„	2
„ ectopic	..	1	21st	„	1
Post-cæsarean	..	3			—
Embolism	..	1			25
Abortion—					==
Sepsis	..	3			
Hæmorrhage		1			
	—	4			
		—			
		25			
		==			
<i>Ages.</i>			<i>Duration of pregnancy.</i>		
Under 20 years	..	2	Term	..	13
20–25	„	4	Premature	..	8
25–30	„	8	Abortion	..	4
30–35	„	5			—
35–40	„	3			25
40 and over	..	3			==
		—			
		25			
		==			
<i>Character of labour.</i>					
Spontaneous	..	6	Undelivered own home	..	3
Instrumental	..	5	Confined	„	11*
Bimanual	..	2	Confined institutions	..	11
Induction	..	2			—
Cæsarean	..	2			25
Ruptured ectopic	..	1			==
Abortion	..	4			
Undelivered—					
7 months, 8 months and					
term	..	3			
		—			
		25			
		==			

* Four abortive.

*Ante-natal supervision.**Home conditions.*

Satisfactory	..	..	9	Very good	..	..	5
Inadequate	..	..	8	Fair	..	..	15
Nil	..	..	8*	Poor	..	..	5
<hr/>				<hr/>			
25				25			
<hr/>				<hr/>			

The risk is much greater with first than subsequent pregnancies, but age apart from parity does not seem to be of any special importance. Only 12 out of 30 cases had satisfactory ante-natal supervision. The recognition by the public for the need of ante-natal supervision has undoubtedly greatly increased in Plymouth during the past five years, but there is still need for further education in this matter. The facilities exist, it remains for the public to make full use of them.

The maternal mortality rate for Plymouth in 1932 was 6.16 per 1000 allocated registered births (live and still).

HEALTH VISITING.

The visiting of children between the ages of one and five years is undertaken by the health visitors as part of their routine work. The health visiting staff was reduced by two health visitors in October, since the two vacancies which occurred were not filled.

At the end of the year there were 12,326† children under five for ten health visitors to visit. This means that each health visitor has more than 1,200 children, including about 320 births, on her district. Children under one year should be visited monthly, between one and two years quarterly, and then twice yearly up to five years. Many cases require special and much more frequent visiting.

Summary of visits paid in 1932 :—

Births	..	..	..	..	3241
1st year visits	..	..	..	..	8739
1st visits, 1-5 years	..	..	..	..	1625
Re-visits	„	„	..	..	20008
1st ante-natal visits	..	..	..	..	698
Re-	„	„	..	..	511
Visits <i>re</i> infectious diseases	..	..	..	..	221
Visits (infant life protection)	..	..	..	..	443
Miscellaneous visits	..	..	..	..	585

* Including 4 abortions and 1 ectopic.

† This does not include 142 foster-children.

36,071

CHILDREN'S ACT, 1908.

Infant life protection work has been done by the health visitors since April, 1930, when each health visitor was appointed an infant life protection officer. Four hundred and forty-three visits were paid in the course of the year. The administrative work is done by the clerical staff at the Town Hall.

The following is a summary of the work for the year :—

No. of foster-parents on Register, 1st January, 1932	..	78	
New registrations during 1932	..	38	
		—	116
Removals from Register during the year	..		32
			—
On Register at end of the year	..		84
			—
No. of children on Register, 1st January, 1932	..		87
Children registered during the year	..		42
			—
			129
Transfer of children to other foster-parents registered	..		13
			—
Total registered	..		142
			—

Children struck off Register during the year :—

Removals to outside areas	..	2	
Adopted	..	2	
Removed to care of official organisations	..	8	
Over age	..	3	
Returned to care of relatives	..	26	
To care of other foster-parents	..	13	
		—	54
On Register at end of the year	..		88
			—
			142
			—

ORTHOPÆDIC TREATMENT.

Systematic visiting of children up to five years of age brings to light many defects, congenital or acquired, and parents are urged not to delay in seeking medical advice and treatment.

Cases requiring orthopædic treatment have either been referred to the out-patient orthopædic clinic at the South Devon and East Cornwall Hospital, or to Dame Hannah Rogers' Orthopædic Hospital at Ivybridge for in-patient treatment.

At the beginning of the year there were 6 cases sent by the Maternity and Child Welfare department to Dame Hannah Rogers' hospital, 4 others were admitted during the year, and at the end of the year one case remained in hospital.

For massage and remedial exercises children over three years of age are referred to the special clinics held by the Education Authority.

The Cripples' Aid Voluntary Society co-operates in the after-care of crippled children, and provides, or helps to provide, appliances when necessary.

The services of the N.S.P.C.C. have occasionally to be requested in dealing with difficult parents.

The new municipal orthopædic hospital at Mount Gold is expected to be ready for the reception of cases early in 1933, and an out-patient clinic will also be held there.

Institutional provision for unmarried mothers during confinement exists in the maternity wards of the City Hospital or in the other maternity homes. If they are homeless during the pre-natal period they can be cared for either in Ford House under the Public Assistance Committee or in the Salvation Army Home, Abbotsfield.

There is no differentiation between the married and the unmarried mother at the Maternity and Child Welfare Centres.

The Maternity and Child Welfare Committee makes no institutional provision for illegitimate and homeless children. They are provided for in the City Hospital Nursery (under three years of age) and later in Stoke House under the Education Committee, or in the Scattered Homes under the Public Assistance Committee.

Maternity and Nursing Homes	Maternity Homes :—			
	On Register, 1st January, 1932	..	..	8
	Applications for registration	..	..	1
	Registered	..	..	1
	Closed during the year	..	..	2
	On Register at end of the year	..	..	7
	Nursing Homes (six take maternity cases) :—			
	On Register, 1st January, 1932	..	..	8
	Applications for registration	..	..	2*
	Registered	..	..	2
	Closed during the year	..	..	1
	On Register at end of the year	..	..	8

There were no applications for exemption from registration.

Both Maternity and Nursing Homes are inspected at regular intervals.

Convalescent Homes Five debilitated expectant mothers were sent to the House of Rest, Plympton, for a short holiday, and improved considerably in health. There is still no Convalescent Home to which children can be sent.

Births Three thousand four hundred and seventy-one live births and 160 stillbirths were registered, and of these 3251 live births and 153 stillbirths were allocated to Plymouth, making a total of 3404. The birth rate is 15.59 per 1,000 of the estimated population.

Three thousand three hundred and eighty-eight live births and 151 stillbirths were notified, 856 by doctors, 2,680 by midwives, and 3 by parents ; 201 of these births were outward transfers (193 live births and 8 stillbirths).

Confined own homes by private midwife	..	..	952
Confined own homes by private midwife with doctor	..	..	389
Confined own homes by T.T.N.A. district midwife	..	..	603
Confined own homes by T.T.N.A. district nurse with doctor	..	..	126
Confined own homes by Alexandra district midwife	..	..	99
Confined own homes by Alexandra district midwife with doctor	..	..	50

* One being a transfer.

Confined T.T.N.A. maternity home by midwife	212
Confined T.T.N.A. maternity home by midwife with doctor	105
Confined Alexandra maternity home by midwife	286
Confined Alexandra maternity home by midwife with doctor	34
Confined City Hospital by midwife	225
Confined City Hospital by midwife with doctor	52
Confined private nursing homes—doctor	137
„ „ „ „ midwife	2
Confined Military Families' Hospital	106
Confined South Devon and East Cornwall Hospital ..	29
Confined Royal Albert Hospital	2

This leaves 222 registered births to be accounted for, the majority of these would be doctors' district cases, at many of which a maternity nurse would be present.

One hundred and fifty illegitimate births (140 live births, 10 stillbirths) were registered. There were 24 outward and 7 inward transfers, so that 133 were allocated to Plymouth.

The birth rate varies considerably in the different wards.

Stillbirths Number notified, 151. Number registered, 160.
 Number allocated, 153.

Summary of 144 cases investigated :

<i>Age of mother.</i>				<i>Duration of pregnancy.</i>			
15–20 years	..	..	6	40 weeks	..	..	72*
20–25	„	..	20	36–39 weeks	..	..	28
25–30	„	..	42	32–36	„	..	15
30–35	„	..	29	28–32	„	..	21
35–40	„	..	28	Not known	..	..	8
40 years and over	..		19				—
			144				144
			=====				=====

*(5 at least post-mature)

Note that half of total at term.

Parity.

1st pregnancy	..	..	58
2nd	„	..	18
3rd	„	..	15
4th	„	..	11
5th	„	..	8
6th	„	..	10
7th	„	..	6
8th	„	..	2
9th	„	..	4
10th	„	..	1
11th	„	..	4
14th	„	..	2
17th	„	..	1
Not known	4

Standard of living.

Fair to very good	..	95
Poor	..	31
Destitute	..	1
Not known	..	17

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Pre-natal supervision.

By doctor	..	87
By midwife only	..	19
At M. & C.W. centre	..	20
None	..	4
Not known	..	14

Note high proportion of 1st pregnancies. 144

144

Place of Delivery.

Own home with doctor and midwife	..	..	66
Own home with midwife only	..	..	22
City Hospital	..	..	19
Maternity Homes	..	..	19
Nursing Homes	..	..	10
Military Families' Hospital	..	..	6
South Devon and East Cornwall and Royal Albert Hospitals	..	..	2

144

Nature of delivery.

Spontaneous	..	88*
Instrumental	..	29
Bimanual	..	20
Induction	..	4
Cæsarean section	..	3

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Presentation.

L.O.A. or R.O.A.	..	71
P.O.P.	..	7
Breech	..	32
Footling	..	3
Face	..	3
Hand	..	1
Transverse	..	1

*(16 B.B.A.)

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Prolonged labour, i.e. over 24 hours	17
Abnormalities of cord	14
A.P.H.	11
Placenta prævia	8
Albuminuria and toxæmia	16
Congenital malformation	14*
Macerated	52
Known syphilis	2
Well developed and in good condition at term	43
Illegitimate	7
Previous stillbirths	22

OPHTHALMIA NEONATORUM.

Notification of ophthalmia neonatorum is not as complete as it should be. Twelve of the 36 cases were notified from Infant Welfare Centres. The onset was after the tenth day in 8 cases. Midwives sent 33 medical aid forms for discharging eyes, so at least 9 of these cases were either not notifiable or not notified.

The degree of inflammation was slight in 15 cases, moderate in 4, and severe in 17. Seven were definitely known to be due to the gonococcus, but frequently no bacteriological examination is made.

INFANT MORTALITY.

The number of deaths under one year was 190, giving an infant mortality rate of 58.44 per 1,000 live births. With the exception of 1923, this is the lowest rate yet recorded for Plymouth.

The rise in the infant mortality rate last year was entirely due to the increased number of deaths from respiratory diseases, i.e. 76 as compared with 34 this year.

The number of deaths due to pre-natal and neo-natal causes remains fairly constant, but considerable yearly variations occur with deaths from other causes, e.g. :—

	1930	1931	1932
Infectious diseases	5%	2.6%	8%†
Respiratory diseases	22%	30%	18%
Diseases of digestive tract	11%	6%	6.8%

* Seven anencephalic.

† Note increase this year.

The number of deaths under one month was 97, i.e. 51 per cent of the total.

The illegitimate infant mortality rate is 96.7 per 1,000 births.

	<i>Legitimate.</i>	<i>Illegitimate.</i>
No. of births	3127	124
No. of deaths	178	12
Infant mortality per 1,000 ..	56.9	96.7

INFANTILE DIARRHŒA.

There were 11 deaths from diarrhœa and enteritis in infants under two years of age : under three months, 5 ; three to six months, 4 ; over six months, 2 ; and over one year, none.

Eight deaths occurred between the end of January and the end of March, 1 in August, 1 in September, and 1 in October. Only 3 notifications of summer diarrhœa were received, these included the August and September deaths.

Nine died in Institutions and two in their own homes.

PUERPERAL PYREXIA AND PUERPERAL FEVER.

Number of cases notified, 52 :—P.P. 39 (4 deaths).

P.F. 13 (2 deaths).

Amended classification :—

P.P. 27 (no deaths).

P.F. 25 (6 deaths) 4 of these notified as P.P.

The amended classification shows the tendency to notify as puerperal pyrexia cases which are undoubtedly puerperal fever. Notification though not complete is on the whole fairly good. One case was not confined in Plymouth. The puerperal sepsis death rate is 1.6 per 1,000 registered births (1.7 per 1,000 allocated births).

Based on the notifications (51), the puerperal pyrexia and puerperal fever case rates are respectively 10.4 and 3.5 per 1,000 registered births. On the amended classification (but not excluding the puerperal pyrexias due to non-puerperal causes) the case rates would be puerperal pyrexia 7.1, and puerperal fever 6.8.

All notified cases are immediately investigated in case administrative action should be necessary.

Seven cases were treated in nursing homes, 33 in hospitals and 12 in their own homes.

The following summary is based on the amended classification :

			<i>P.F.</i>	<i>P.P.</i>
Aborted own home	..	..	2	2
Confined own home—				
(a) midwife only	..		7	9
(b) midwife with doctor			7	3
(c) doctor with handywomen			—	1
			— 14	— 13
Confined City Hospital	..	..	2	—
„ Alexandra Maternity Home			1	2
„ T.T.N.A. Maternity Home			—	3
„ Nursing Homes	..	..	1	3
„ Military Families' Hospital			2	3
„ S.D. & E.C. Hospital	..		2	1
„ Royal Albert Hospital	..		1	—
			—	—
			25	27
			—	—
<i>Parity.</i>				
Primiparæ	..	..	10	10
Multiparæ	..	..	8	11
Not known	..	..	7	6
			—	—
			25	27
			—	—
<i>Duration of pregnancy.</i>				
Term	..	..	22	20
Premature	..	..	1	5
Abortion or miscarriage	..	..	2	2
			—	—
			25	27
			—	—

<i>Character of labour.</i>			<i>P.F.</i>	<i>P.P.</i>
Spontaneous .. ..	..	..	8	12
Instrumental .. ..	..	..	10	8
Breech .. ..	..	..	2	2
Induction .. ..	..	..	1	1
Cæsarean section .. ..	..	..	2	—
Abortion .. ..	..	..	2	2
Not known .. ..	..	..	—	2
			—	—
			25	27
			==	==

<i>Day of onset of illness.</i>					
1st .. ..	..	..	..	1	—
2nd .. ..	..	..	..	6	4
3rd .. ..	..	..	..	9	2
4th .. ..	..	..	..	1	2
5th .. ..	..	..	..	2	1
6th .. ..	..	..	..	3	2
7th .. ..	..	..	..	1	3
8th .. ..	..	..	..	—	2
9th .. ..	..	..	..	1	2
10th and over .. ..	..	..	..	1	4
Not known .. ..	..	..	..	—	5
				—	—
				25	27
				==	==

Bacteriological data.

		<i>P.F.</i>	<i>P.P.</i>
Cultured from uterus—			
Non. hæm. streptococcus	.. in 5 cases		—
Staph. aureus .. ..	.. „ 2 „ b. coli. 3 cases		
Strept. saphrophiticus ..	.. „ 1 „		
B. coli. .. ..	.. „ 2 „		
Cultured from blood—			
Non. hæm. streptococcus	.. 1		
Cultured from urine—			
B. coli. .. ..	.. 4 b. coli. 1		
		staph. and	
		strept.	1
		staph. au-	
		reus	1
Cultured from pus—			
(a) of knee abscess, non. hæm. strept.	1		
(b) of pelvic abscess, staph. aureus	1		

<i>Pyrexia due to :—</i>	<i>P.F.</i>	<i>P.P.</i>
Abortion	2	Abortion 2
Toxæmia	3	Phlebitis 1
Sapræmia	5	Cystitis 1
Pelvic abscess and peri-		Thrombosis 1
tonitis	3	Embolism 1
Septicæmia	12	Endometritis 3
	—	Erysipelas 1
	25	Pulmonary tuberculosis 1
	—	Mastitis 3
		Influenza 7
		Acute catarrhal rhinitis 1
		Constipation 2
		Not known 3
		—
		27
		—

In about eleven cases pyrexia was therefore due to non-puerperal causes.

There were 6 deaths, and 4 of these were notified as puerperal pyrexia, not puerperal fever. Five were due to septicæmia, 2 being fulminating in type, and one to pelvic peritonitis. In 4 cases the delivery was spontaneous, with a midwife only in attendance, in the fifth labour was prolonged and instrumental, and in the sixth induced for placenta prævia, this case being further complicated by adherent placenta. Four were primiparæ and 2 multiparæ.

Attendanees have been good at all four centres throughout the year. It is generally recognised that when the average attendance at an infant welfare session exceeds 55 it is time to consider opening a new session. At both Stonehouse Town Hall and Beaumont Hut the average attendance was considerably above the standard maximum and the average attendance over all centres was 58.5 per session.

Each mother and her child presents an individual problem and has to be considered as such. Many children are below the average on their first attendance. Careful records are kept of the weight and progress of each child. General medical advice is given on the feeding and care of each individual child and every child is periodically medically examined. The time that has to be spent on instruction and education depends largely on the intelligence of the recipient.

INFANT WELFARE CLINICS.

	Town Hall.	Beaumont Hut.	Devonport Hut.	Wolseley Hall.	Total.
No. of sessions held	149	200	152	100	601
No. of babies entered on register	762 (448 1st)	953 (518 1st)	688 (426 1st)	372 (216 1st)	2775 (1608 1st)
No. of children 1-5 years on register	455 (191 1st)	559 (140 1st)	348 (114 1st)	252 (67 1st)	1614 (512 1st)
Total	1217	1512	1036	624	4389
No. of babies weighed and mothers advised...	6691	9281	4905	3611	24488
No. of children weighed and mothers advised	2962	3493	2531	1702	10688
Total	9653	12774	7436	5313	35176
No. of babies seen by doctor	3521	4681	3436	2456	14094
Average attendance per session	65	63.5	49	53	58.5
Sewing classes held	75	76	41	—	192
Total attendances	1135	985	294	—	2414
Health talks given	21	9	20	—	50
Nuisances reported	87	—	—	—	87
Attendances at clinics by Health visitors					2452

Prolonged economic distress is having an adverse effect on the nutrition of both mother and child, and the number of cases requiring assistance is increasing every month.

ULTRA-VIOLET LIGHT.

No. of sessions held, 204. No. on register, 266.

First attendances, 250. Total attendances, 4,078. Average attendance, 20.

Rickets : 134 cases.

Treatment completed, 29 (cured, 20 ; improved, 9).

Ceased to attend before treatment completed, 38 (improved, 37).

Ceased to attend after a few exposures, 44.

Still under treatment, 23.

Prophylactic : 9 cases.

Generally improved, no rickets, 4 ; still attending, 4 ; ceased to attend after a few exposures, 1.

Malnutrition : 33 cases.

Treatment completed, 10 (much improved, 5 ; improved, 5).

Ceased to attend before treatment completed, 7 (improved, 6).

Ceased to attend after a few exposures, 12.

Still under treatment, 4.

Debility and Subnutrition : 35 cases.

Treatment completed, 11 (much improved, 7 ; improved, 3).

Ceased to attend before treatment completed, 2 (improved, 2).

Ceased to attend after a few exposures, 14.

Still under treatment, 8.

Skin Diseases : 19 cases.

Cured, 3 ; improved, 6 ; no benefit, 2 ; ceased to attend, 4 ; still attending and improved, 4.

Enuresis : 3 cases.

Improved, 1 ; still attending, 1 ; failed to attend, 1.

Tuberculous adenitis : 1 case much improved.

Tabes mesenterica : 1 improved.

Miscellaneous : 4 cases.

Cured, 1 ; improved, 3.

Ante-natal : 25 cases.

Derived considerable benefit, 10 ; ceased to attend after a few exposures, 15.

Failing lactation : 2 cases.

Benefited, 1 ; ceased to attend, 1.

DENTAL TREATMENT.

Cases requiring dental treatment are referred to the dental surgeon at Beaumont House. The following is a summary of the work done for the department :—

Children :—

Root treatment only	..	..	..	..	1
Root treatment and fillings	..	..	..	..	1
Root treatment, fillings and extractions	..	..	..	..	1
Fillings only	..	..	..	..	38
Fillings and extractions	..	..	..	..	16
Extractions only	..	..	..	..	128
TOTAL					185

Nursing and expectant mothers :—

Scaling and treatment of gums	..	..	..	..	8
Scaling, treatment of gums and fillings	..	..	..	..	3
Scalings, treatment of gums, fillings and extractions	..	..	..	..	8
Scaling, treatment of gums and extractions	..	..	..	..	29
Fillings only	..	..	..	..	4
Fillings and extractions	..	..	..	..	12
Extractions only	..	..	..	..	133
Total					197

Dentures supplied	..	..	..	..	55
(extractions included in above return)					
Remakes and repairs	..	..	..	..	16

Adults paid the following towards cost of treatment :—

25 per cent	..	..	..	39
50 per cent	..	..	..	24
75 per cent	..	..	..	3
100 per cent	..	..	..	8

The majority of adults treated were necessitous cases.

.ANTE-NATAL.

Seven ante-natal sessions are held each week. In addition to this a Maternity and Child Welfare medical officer does the Three Towns Nursing Association's ante-natal clinic, and also did the City Hospital ante-natal clinic until the end of September. Attendances at ante-natal clinics are increasing. Post-natal cases have also to be seen at the ante-natal clinics, and when the ante-natal attendances are large, as they are at several clinics, post-natal attendances cannot be encouraged as much as they ought to be. This is to be deprecated.

Seven hundred and forty-nine expectant mothers attending ante-natal clinics were confined in 1932, and 28 aborted. One hundred and eleven of these were confined in the City Hospital. Twenty-eight had to be referred to the City Hospital for in-patient ante-natal treatment. There were 24 stillbirths, i.e. 32 per 1,000 births. The stillbirth rate for the City is 42 per 1,000 notified births, or 44 per 1,000 registered births.

Labour was spontaneous in 640 cases, instrumental in 75, bimanual in 6, induced in 7. Six were delivered by cæsarean section, and in 15 cases the character of the labour was not known. There were 18 twin and 14 breech deliveries.

The following conditions were found in cases attending for the first time in 1932 :—

Contracted pelvis, major, 7, minor, 25 ; albuminuria, severe, 12, slight, 113 ; toxæmia, 1 ; syphilis, 12 ; gonorrhœa, 6 ; cardiac disease, 41 ; respiratory disease, 29 ; carious teeth, 286 ; profuse leucorrhœa, 46. There were no cases of eclampsia. There were several cases of severe, and many cases of slight digestive disturbances.

		Town Hall.	Beaumont Hut.	Devonport Hut.	Wolseley Hall.	Total.	City Hospital.
No. of sessions held	...	101	104	102	52	359	36
First attendances	{ Pr. M. N.P.	46	76	78	33	233	
		190	166	142	52	550	138
		38	17	25	18	98	trans. 53
Re-attendances	...	1509	1228	914	413	4064	520
Post-natal attendances	{ 1st re-	76	71	60	34	241	
		85	92	23	26	226	
Total attendances	...	1944	1650	1242	576	5412	711
Average per session	...	19.25	16	12	11	15.27	

In 162 post-natal examinations the following conditions were found : subinvolution, 13 ; prolapse of uterus, 7 ; cystocoele, 3 ; rectocoele, 1 ; cervical tears and erosions, 21 ; retroversion, 13 ; cystitis, 4 ; mastitis, 5 ; albuminuria, 1 ; appendicitis, 1.

Sixty-four specimens were sent for pathological examination.

Ante-natal work done for Three Towns Nursing Association :—

Seen by doctor—

1st attendance—Pr.	..	..	197
M.	..	..	147
H.P.	..	..	3
			—
			347
Re-attendance	..	..	285
			—
Total	..		632
			=====

The number of expectant mothers attending ante-natal clinics, both municipal and voluntary, during the year is represented by 57.8 per cent of the total notified births.

Maternity bags. Twenty-two were lent, and all were returned. A deposit of 2s. is paid, and refunded if the bag is returned in good condition within four weeks.

Sterile maternity outfits. These are available at cost or half price, but only 12 were supplied, 5 at cost price, 6 at half price, and one at a specially reduced fee.

Home helps. The demand for this service is increasing. Eighty-seven were supplied in 1932, 85 in 1931, 60 in 1930, and 42 in 1929.

BIRTH CONTROL.

The Plymouth branch of the National Birth Control Association received permission from the Council to hold a mothers' advice centre at Beaumont Hut on Tuesday evenings. The first clinic was held on Tuesday, September 27th.

From 27th September to 13th December the first attendances numbered 79 ; of these 58 paid a second, and 11 a third visit. Twenty-three were referred from Maternity and Child Welfare centres, 4 by private doctors and nurses. Sixty-four were fitted with appliances and 4 were advised to have medical treatment.

Thanks in no small measure are again due to the voluntary workers who help at each Centre, and to the officers of the N.S.P.C.C. for their willing co-operation when needed.

INFANT MORTALITY.

Year 1932.

Cause of Death.	Illegiti- mate.		AGE AND SEX DISTRIBUTION.																		REGISTRATION WARDS																						
			Under 1 week.		1—2 weeks.		2—3 weeks.		3—4 weeks.		Total under 1 month.		1—3 months.		3—6 months.		6—9 months.		9—12 months.		Total under 1 year.		Compton.	Mutley.	Penny- cross.	Laira.	Charles.	Friary.	Sutton.	Vintry.	Drake.	St. Andrew's.	St. Peter's.	Valletort.	Mount Edg- cumbe.	Moles- worth.	St. Budeaux.	Ford.	Nelson.	Keyham.	St. Aubyn.	Stoke.	Totals.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.																					
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	1	3	1	—	—	—	—	—	1	—	—	1	—	—	—	—	1	—	—	—	—	4		
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	2	2	1	2	1	1	—	2	4	7	—	—	—	—	1	—	—	—	2	—	—	1	1	—	2	4	—	—	11		
Tuberculosis of nervous system ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	2			
Tuberculosis of intestines and peri- toneum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1			
Syphilis	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2			
Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1			
Convulsions	—	—	1	2	—	—	—	—	—	—	1	2	1	—	—	—	—	—	1	—	3	2	—	1	—	—	—	1	—	1	—	—	1	—	—	—	—	—	—	5			
Bronchitis	—	1	—	—	—	—	—	—	—	—	—	—	2	2	3	1	—	—	—	1	5	4	—	—	1	—	—	1	—	1	—	—	2	—	—	1	—	2	—	9			
Pneumonia	—	—	1	—	3	—	—	—	1	4	1	—	—	—	4	2	5	3	3	2	16	8	—	—	—	2	1	—	1	—	1	—	—	3	2	1	—	1	4	2	6	24	
Other respiratory diseases ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1			
Inflammation of the stomach ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1			
Diarrhœa and enteritis	—	—	—	—	—	—	1	—	—	1	—	—	2	2	3	1	—	—	2	—	8	3	—	—	—	—	1	—	—	1	—	1	1	—	—	—	1	—	3	—	11		
Hernia, intestinal obstruction ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1			
Congenital malformation	1	1	1	2	—	—	1	—	—	2	2	—	1	4	—	2	—	1	—	—	3	9	—	—	1	1	—	—	1	1	—	1	1	2	—	—	—	1	3	—	—	12	
Congenital debility and sclerema ..	1	1	4	—	1	—	2	—	—	1	7	1	2	2	2	—	—	1	—	—	11	4	1	1	1	1	1	2	—	2	—	1	1	—	1	—	1	—	—	15			
Premature birth	2	—	11	27	7	2	5	—	—	—	23	29	5	1	—	—	—	—	—	—	28	30	—	4	5	4	2	3	4	1	3	4	4	3	2	4	1	4	5	2	2	1	58
Injury at birth	—	—	2	1	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	3		
Disease of umbilicus	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1		
Atelectasis	—	1	3	3	—	2	1	—	—	4	5	—	—	—	—	—	—	—	—	—	4	5	—	1	—	1	1	—	—	1	—	1	—	1	—	—	1	1	—	—	9		
Suffocation in bed, or not stated how	1	—	1	1	—	—	—	—	—	1	1	—	1	1	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	—	1	—	4		
Other Causes	—	1	3	2	3	1	—	—	—	6	3	2	2	1	—	1	—	—	—	—	10	5	1	—	1	—	—	—	3	—	—	—	3	—	1	1	—	—	2	—	15		
Total	6	6	27	39	14	5	10	—	—	2	51	46	17	18	16	8	8	9	11	6	103	87	2	7	8	11	8	5	12	7	11	7	16	14	12	8	4	8	16	11	21	2	190

SANITARY CIRCUMSTANCES INCLUDING THE REPORT OF THE CHIEF SANITARY INSPECTOR

WATER SUPPLY.

The water supply of the city is quite satisfactory with regard to both quality and quantity. It is a soft upland surface water.

Quarterly chemical analysis of the main supply during the year gave the following results. The samples are taken from various points in the city :—

Total Dissolved Solids	5.0	5.0	3.82	4.15	4.2	5.0	4.4	5.0
Suspended Matter	0.21	0.19	0.28	0.35	0.17	trace	0.10	nil
Ammonia	nil	nil	nil	trace	trace	trace	trace	nil
Albuminoid Ammonia	0.002	0.002	0.001	0.003	0.003	0.002	0.003	0.002
Nitrogen as Nitrites	trace	nil	nil	nil	nil	nil	nil	nil
Nitrogen as Nitrates	0.065	0.115	0.175	0.131	0.043	0.031	0.043	0.054
Chlorine	0.71	0.75	0.71	1.00	1.00	1.22	0.45	0.44
O ₂ consumed ...	0.28	0.168	0.24	0.344	0.384	0.360	0.352	0.280
Poisonous Metals ...	nil	nil	nil	nil	nil	nil	nil	nil

DRAINAGE AND SEWERAGE.

Following upon complaints from residents about the sewage outfall at Camel's Head, a small local enquiry was held by an inspector from the Ministry of Health. Since the receipt of the report from the Ministry, screens have been installed, the existing storm overflow weir has been raised and a new storm overflow, complete with screens, has been provided at the north end.

CLOSET ACCOMMODATION.

Practically the whole of the houses in the City are provided with drains which are connected to the Corporation sewers. There are six houses in Somerford Terrace, Laira, which at the end of the year 1932 had only earth closets. The contents of the buckets were buried in the gardens daily. A new sewer has recently been laid by the Corporation and is within 100 feet of these houses. The work of providing a proper and sufficient drain is in hand, and the owners will connect up a proper branch drain for each closet.

PUBLIC CLEANSING.

(a) *Dry Household Refuse.* The method of collection of dry house refuse is as follows :—

“ Karrier ” motor vehicles collect	..	..	..	74.54%
Electric motors collect	..	..	..	6.60%
Steam waggons collect	..	..	..	5.66%
Horse waggons collect	..	..	..	13.20%

The total amount of refuse collected during 1932 was 52,972 tons—this included about 3,000 tons of trade refuse. The weight per 1,000 inhabitants being 254.8 tons.

Disposal is by controlled tipping, 77.36 per cent, and burning in Prince Rock Destructor, 22.64 per cent.

(b) *Methods of Cleansing of Cesspools and arrangements for disposal of contents.* A very few houses (in the extreme outlying districts) drain into cess-pits. There is only one cess-pit, that at Boundary House, Peverell, which is emptied at regular intervals (according to a proper agreement) by the City's Cleansing Department. The new gully cleanser is used, the work being completed in about twenty minutes, the contents of the machine are then discharged into the nearest sewer manhole.

Slaughtering of Food Animals The slaughtering of food animals in the City is carried out in seven different slaughter-houses, six of which are old registered ones, small, badly placed in narrow streets and far from satisfactory. The other larger and more modern slaughter-house is licensed annually. All these places are kept constantly under supervision, especially at times of slaughter.

OFFENSIVE TRADES.

The businesses generally known as Offensive Trades are, with one or two exceptions, grouped together in the Prince Rock and Cattedown district, and include Glue and Size Works, Bone-boilers and Tallow Melters, Tripe-boilers, Gut scrapers, Poultry-meal factors, Soap makers, etc.

The licensed Knackers' Yard (horse slaughterer) is also in the same locality and all are in easy distance of the City's refuse destructor.

Practically the whole of the offal from the slaughter-houses is treated in one way or another, with the result that valuable and marketable products are produced.

At the Blood-drying works, etc., Devonport, the blood from the slaughter-houses, collected into shallow trays, is dried by steam and reduced to powder, which is used (with possible additions) as food-meal or perhaps as the basis of certain pigments.

All these factories are registered and are visited and inspected by the Sanitary Inspectors with a view to preventing them becoming a nuisance.

During the year, two of the largest of these firms have at the instigation of the Public Health Department carried out alterations and additions to their plant and machinery, for the purpose of reducing to a minimum the offensive odours always more or less prevalent in such trades.

COMMON LODGING HOUSES.

The Common Lodging Houses in the City—six in number—are all in the Octagon and King Street district. They are registered, are subject to the conditions of the Local Bye-laws and are frequently inspected with regard to their general cleanliness, etc.

RAG FLOCK, 1911 AND 1918.

The firms using Rag Flock are of good repute, and there has been no need for any action during the year.

SANITARY CONDITION OF SCHOOLS.

The Ministry of Health has directed that some mention should be made in this report of the sanitary conditions existing in the schools.

The general sanitary arrangements in some of the elementary schools of Plymouth leave much to be desired. Generally speaking, the conditions found were deplorable and far from being an example to the children of modern, clean and efficient sanitation, which is essential for the maintenance of good health.

A detailed survey was made of the sanitary conditions pertaining in twelve of the elementary schools. The report is much too long to reproduce in detail, and the following gives a brief résumé of conditions found.

School Yards. Five showed marked defects of surface or drainage ; these included How Street, York Street, St. Peter's, Frederick Street and St. James the Great.

Closet Accommodation. At ten of the schools (Holy Trinity, How Street, York Street, St. Andrew's, Castle Street, Frederick Street, Mount Street, St. James the Great and Palace Court) the closet accommodation was unsatisfactory. The ranges of trough closets were dirty, defective and of obsolete pattern. The condition of the doors and partitions was in most cases very poor, and in two instances the woodwork did not ensure adequate privacy from overlooking buildings. Flushing arrangements were mostly of an unsatisfactory and obsolete type at the above-named schools.

Urinals. At seven of the schools marked defects in construction and flushing were observed. These were at How Street, East Street, Castle Street, Frederick Street, Mount Street, St. James the Great, Palace Court. Four sets of urinals lacked adequate privacy.

Lavatory Basins. In seven of the schools inspected basins of an old type were fitted and were of a most unsatisfactory hygienic nature.

Water Taps. These were mostly out of order, but at St. James the Great and Palace Court Schools the cups supplied for drinking were exposed to dirt and were not kept in a cleanly state.

The report draws special attention to the Treville Street, How Street Schools and the Palace Court School. Conditions such as obtain at these schools should not be found in a public elementary school.

The sanitary arrangements at several of the other schools are not at all satisfactory, and the report concludes by stressing that immediate action is called for, particularly in the cases of the Palace Court and How Street Schools.

Visits to Premises	29,260
Tests applied to House Drains	3,740
Notices served to abate Nuisances	1,976
Notices complied with	1,948
Legal Notices served	103
Sanitary Improvements effected	8,343
Letters written	1,517
Houses systematically inspected	1,099

HOUSES LET IN LODGINGS.

Number of visits	14,135
Notices served	1,506
Notices complied with	1,467

Visits to premises in connection with Infectious Diseases 1,974

FACTORY AND WORKSHOP ACT.

Inspections of Bakehouses	202
" Workshops	650
" Factories	377
" Outworkers' Premises	176
Notices and Letters sent <i>re</i> defects	51

GENERAL SANITARY WORK EFFECTED.

Number of Drains re-laid or repaired	862
Choked drains cleared	408
Soil pipes and Ventilating Shafts fixed or repaired	356
Stoneware Gully Traps fixed	996
New Water-closet Pans fixed	667
Inspection Chambers constructed	420
Flush Cisterns fixed or repaired	557
New Closets and Urinals provided	214
Surface of Courtyards, etc., re-laid or repaired	673
Refuse Bins provided	506
Premises cleansed and linewashed or papered	399
Roofs and Flats repaired	389
Foul Closets cleansed	125
Overcrowding abated	8
Offensive Manure removed	149
New Ground Floors laid and ventilated	176
Slate Tanks abolished	15
Eaves Gutters and Fall Pipes repaired	281
Wall Drains and Cesspits destroyed	10
Nuisances (caused by keeping of animals) abated	15
Other Sanitary Improvements	1,117
TOTAL	8,343

Disinfection.

Premises disinfected	2,792
Articles disinfected	13,645

Rats and Mice (*Destruction*) Act, 1919.

The following represents the work carried out under the above Act during 1932 :—

Premises visited and re-visited	1,809
Baits laid	16,750
Rats destroyed	1,596

Factories, Workshops and Workplaces.

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

<i>Premises.</i> (1)	<i>Number of</i>		
	<i>Inspections.</i> (2)	<i>Written Notices.</i> (3)	<i>Occupiers prosecuted.</i> (4)
Factories (Including Factory Laundries)	377	29	—
Workshops (Including Workshop Laundries)	650	22	—
Workplaces (Other than Outworkers' premises)	—	—	—
Total	1,027	51	—

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

<i>Particulars.</i> (1)	<i>Number of Defects.</i>			<i>Number of offences in respect to which Prosecutions were instituted.</i> (5)
	<i>Found.</i> (2)	<i>Remedied.</i> (3)	<i>Referred to H.M. Inspector.</i> (4)	
<i>Nuisances under the Public Health Acts :—</i>				
Want of cleanliness	33	40	—	—
Want of ventilation	2	4	—	—
Overcrowding	1	2	—	—
Want of drainage of floors	2	2	—	—
Other nuisances	17	18	—	—
Sanitary accommodation {	insufficient	18	19	—
	unsuitable or defective	11	12	—
	not separate for sexes	5	5	—
<i>Offences under the Factory and Workshop Acts :—</i>				
Illegal occupation of underground bakehouse (s. 101) ..	—	—	—	—
Other offences	—	—	—	—
Total	89	102	—	—

HOUSING

I am indebted to the Housing Manager for the following table of statistics of the amount of work done relative to individual unfit houses.

HOUSING STATISTICS, 1932

1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR :—			
(1)	(a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	17,594
	(b)	Number of inspections made for the purpose	17,594
(2)	(a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	1,099
	(b)	Number of inspections made for the purpose	1,099
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	16
(4)		Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	192
2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :—			
		Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	14
3. ACTION UNDER STATUTORY POWERS DURING THE YEAR :—			
(a)		Proceedings under sections 17, 18 and 23 of the Housing Act, 1930 :	
(1)		Number of dwelling-houses in respect of which notices were served requiring repairs	188
(2)		Number of dwelling-houses which were rendered fit after service of formal notices :—	
	(a)	By owners	111
	(b)	By local authority in default of owners	nil
(b)		Proceedings under Public Health Acts :	
(1)		Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	1,948
(2)		Number of dwelling-houses in which defects were remedied after service of formal notices :—	
	(a)	By owners	102
	(b)	By local authority in default of owners	1
(c)		Proceedings under sections 19 and 21 of the Housing Act, 1930 :	
(1)		Number of dwelling-houses in respect of which Demolition Orders were made	18
(2)		Number of dwelling-houses demolished in pursuance of Demolition Orders	1
(d)		Proceedings under section 20 of the Housing Act, 1930 :	
(1)		Number of separate tenements or underground rooms in respect of which Closing Orders were made	16
(2)		Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	4

(e) Proceedings under section 3 of the Housing Act, 1925 :		
(1) Number of dwelling-houses in respect of which notices became operative requiring repairs	... ..	nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices :		
(a) By owners	... ..	20
(b) By local authority in default of owners	... ..	nil
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	... ..	nil
(f) Proceedings under sections 11, 14, and 15 of the Housing Act, 1925 :		
(1) Number of dwelling-houses in respect of which Closing Orders became operative	... ..	nil
(2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	... ..	8
(3) Number of dwelling-houses in respect of which Demolition Orders became operative	... ..	nil
(4) Number of dwelling-houses demolished in pursuance of Demolition Orders	... ..	3

**Slum
Clearance.**

The Ministry of Health has recently approved, after considerable modification, following upon a local enquiry, a clearance scheme relating to the High Street and Peel Street area of Stonehouse with a proposal to erect flats on the site for re-housing. Very soon therefore the work of demolishing some extremely dilapidated dwelling-houses should begin.

The improvement in this class of unsatisfactory property is not to cease here, for the intention of the Ministry as to governmental aid in a National Campaign against Slums is awaited. I hope that before the expiry of 1933 a definite programme will have been formed and work commenced.

Inspection and Supervision of Food

Inspection and Supervision of Food

MILK SUPPLY.

Samples of Milk and Ice cream taken for bacteriological content during 1932 are as follows :—

Certified milk	..	..	..	49
Grade "A" and Grade "A" (T.T.) milk	..			452
Pasteurised milk	..	..	..	81
Hygienic milk	..	..	..	64
Ordinary raw milk	..	..	..	662
Ice cream	..	..	..	39
TOTAL				1347

The standard of cleanliness as estimated by the bacterial content as a whole is quite good. It has been necessary in a few instances during the year to call a purveyor's attention to the fact that a sample of his milk has been found to be contaminated.

Ten samples were examined for tubercle bacilli and all proved negative.

MILK AND DAIRIES ORDER, 1926.

Four prosecutions were brought for offences under this Order, and a conviction was obtained in each case. Details are :—

<i>Offence.</i>	<i>Penalty inflicted.</i>
Defective churns	Fined 10s.
Do. do.	Fined 10s.
Bottling in the street ..	Fined £4 (two partners £2 each).
Pan not marked " Skimmed Milk "	Fined £6 (three partners £2 each).

MEAT AND OTHER FOODS.

The following tables show the work done :—

UNSOUND FOOD DESTROYED.

The number of shops and carts inspected was 7,408.

FOOD INSPECTIONS.

Number of provision shops inspected	..	..	..	2,691
Number of fish carts and shops inspected	..	..	..	604
Number of fruit carts and shops inspected	..	..	..	2,749
Number of samples procured under the Food and Drugs Adulteration Act	..	..	..	1,051
Number of samples found adulterated	..	..	..	30
Number of samples procured for bacteriological examination				1,347
Inspection of dairies, cowsheds and milkshops	..	..	..	3,047
Inspection of butcher shops	..	..	..	1,364
Inspections of slaughter houses	..	..	..	3,457

Quantity surrendered to District Sanitary Inspectors, and destroyed :—

FRUIT—				<i>Tons cwt. qrs. lbs.</i>			
Apples	..	..	..	0	7	3	12
Bananas	..	..	..	0	1	3	8
Cherries	..	..	..	0	1	2	12
Grapes	..	..	..	0	0	2	0
Raspberries	..	..	..	0	0	0	16
VEGETABLES—							
Kidney beans	..	..	..	0	2	0	16
Potatoes	..	..	..	3	16	0	0
PROVISIONS—							
Beef	..	..	..	0	3	2	6
Codlings	..	..	..	0	1	3	14
Fowl	..	..	..	0	0	0	5
Haddock	..	..	..	0	2	0	0
Offal	..	..	..	0	2	3	11½
Pork	..	..	..	5	7	2	20¾
Rabbits	..	..	..	0	0	1	12
Veal	..	..	..	0	0	1	2

TINNED AND BOTTLED GOODS.

Apple dumplings	9 tins
Apricots	8 „
Beef	134 „
Cherries	13 „
Gooseberries	2 bots.
Peaches	2 tins
Peas	1 tin
Plums	14 tins
Raspberries	3 „
Tongue	25 „

FISH, SHELLFISH, ETC., INSPECTED AND CONDEMNED.

<i>Total of—</i>	<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Fish inspected	7369	8	0	0
Fish condemned (various)	16	9	3	9
Smoked haddock	0	8	2	0
Smoked codlings	0	3	1	0
Kippers	0	1	3	14
Bloaters	0	2	0	0

Shellfish condemned—

Queens	1	5	2	0
Whelks	0	3	0	0
Mussels	0	2	0	0
Escallops	0	1	2	0
Shrimps	0	0	2	20
Prawns	0	0	0	8
Lobsters	34 in number			
Crayfish	16 „			
Oysters	30 „			
Crabs	3,898 „			

ADULTERATIONS, ETC.

It was found necessary to prosecute in 16 cases for offences under the Food and Drugs (Adulteration) Act, 1928. Details are as follows :—

<i>Official Sample.</i>	<i>Extent of Adulteration.</i>	<i>Penalty inflicted.</i>
Raw milk	8% deficient in fat	Dismissed on payment of costs, including Analyst's fee.
Raw milk	4% added water	Fined £2
Gin	26% added water	Fined £5
Raw milk	27% deficient in fat	Fined £3
Raw milk	13% deficient in fat	Fined £3
Raw milk	3% added water	Fined £2
Raw milk	4% added water	Fined £2
Raw milk	11% added water	Fined £2
Whiskey	3% added water	Dismissed on payment of costs, including Analyst's fee.
Raw milk	9% deficient in fat	Fined £1
Raw milk	2% deficient in fat	Dismissed on payment of costs, including Analyst's fee.
Raw milk	9% deficient in fat	Fined £1
Raw milk	8% deficient in fat	Fined £1
Raw milk	8% deficient in fat	Fined £1
Raw milk	12% deficient in fat	Fined £1
Raw milk	Refusal to sell for analysis	Fined £2

In 10 cases a warning letter was sent by the Town Clerk.

CHEMICAL AND BACTERIOLOGICAL EXAMINATION

The bacteriological examination of food is carried out by Dr. Wordley at the South Devon and East Cornwall Hospital Laboratory, and the chemical analysis of food is done by the City Analyst, Mr. Tickle, at Exeter.

The following table shows the amount of sampling done under the Food and Drugs Adulteration Act :—

SAMPLES TAKEN UNDER THE FOOD AND DRUGS ADULTERATION ACT.

Articles.	Official.		Informal.		Totals.
	Genuine.	Adulterated.	Genuine.	Adulterated.	
Baking Powder ..	—	—	6	—	6
Beer ..	—	—	4	—	4
Brandy ..	—	—	6	—	6
Butter ..	38	—	32	—	70
Camphorated Oil ..	—	—	5	—	5
Candied Peel ..	—	—	6	—	6
Castor Oil ..	—	—	4	—	4
Cheese ..	—	—	5	—	5
Chocolate ..	—	—	4	—	4
Cider ..	—	—	9	—	9
Cocoa ..	—	—	7	—	7
Cod Liver Oil ..	—	—	4	—	4
Coffee ..	—	—	4	—	4
Coffee and Chicory ..	—	—	6	—	6
Condensed Milk ..	—	—	7	—	7
Cordials ..	—	—	4	—	4
Cream ..	12	—	51	—	63
Custard Powder ..	—	—	6	—	6
Dried Fruits ..	—	—	6	—	6
Dried Milk ..	—	—	3	—	3
Dripping ..	—	—	6	—	6
Flour ..	—	—	4	—	4
Gin ..	2	2	4	—	4
Ginger ..	—	—	2	—	2
Glycerine ..	—	—	3	—	3
Ground Almonds ..	—	—	4	—	4
Ground Cinnamon ..	—	—	2	—	2
Hogs Puddings ..	—	—	4	—	4
Honey ..	—	—	5	—	5
Iodine ..	—	—	4	—	4
Jams ..	6	—	7	—	13
Lard ..	—	—	8	—	8
Lemonade Powder ..	—	—	5	—	5
Lemon Curd ..	—	—	4	—	4
Malt Vinegar ..	—	—	4	—	4
Margarine ..	—	—	8	—	8
Marmalade ..	—	—	6	—	6
Meat and Fish Pastes ..	—	—	9	—	9
Mince-meat ..	—	—	6	—	6
Mustard ..	—	—	1	—	1
Olive Oil ..	—	—	5	—	5
Pepper ..	—	—	4	—	4
Pickles ..	—	—	7	—	7
Raw Milk ..	541	22	24	3	590
Rum ..	6	—	5	—	11
Saffron ..	—	—	4	—	4
Sauce ..	—	—	6	—	6
Sausages ..	—	—	11	—	11
Self-raising Flour ..	—	—	5	—	5
Skimmed Milk ..	12	—	8	1	21
Sterilised Milk ..	3	—	3	—	6
Sultanas ..	—	—	6	—	6
Sweet Spirits of Nitre ..	—	—	4	—	4
Tea ..	—	—	5	—	5
Tinned Peas ..	—	—	4	—	4
Vinegar ..	7	—	6	—	13
Vita Cream ..	—	—	1	—	1
Whiskey ..	9	1	2	1	13
TOTAL ..	636	25	385	5	1051

ANNUAL SUMMARY 1932.

UN SOUND MEAT DESTROYED DURING THE YEAR 1932.

DISEASE.	CARCASSES.					ORGANS.							
	Horse Flesh.	Beef.	Veal.	Mutton.	Pork.	Lungs.	Hearts.	Livers.	Kidneys.	Heads. Tongues.	Spleens.	Mesen- teries.	Stomachs.
Tuberculosis	—	158	4	—	—	1,499	1,387	945	316	882	536	613	535
Pigs	—	—	—	—	69	75	75	75	138	3,152	1	1	1
Actinomycosis	—	—	—	—	—	—	—	—	—	137	—	—	—
Anthrax	—	1	—	—	—	1	1	1	2	1	1	1	1
Pyæmia	—	2	2	8	3	45	44	43	28	14	4	4	4
Abscess	—	—	—	—	—	106	61	215	6	90	2	12	7
Emaciation	—	71	4	39	10	96	96	96	248	95	61	56	56
Dropsy	1	117	47	398	74	338	334	330	1,244	381	126	194	177
Pneumonia	—	—	—	—	—	57	39	—	—	—	—	—	—
Septicæmia	—	19	14	21	8	45	45	45	124	46	19	18	18
Pericarditis	—	1	—	—	1	5	5	5	4	4	1	1	1
Pleurisy	—	—	—	—	2	12	8	—	4	2	—	—	—
Angioma	—	—	—	—	—	—	—	228	—	—	—	—	—
Foetal Flesh	—	—	41	—	—	—	—	—	—	—	—	—	—
Decomposition	—	13	20	27	18	207	189	250	156	84	6	6	5
Flukes	—	—	—	—	—	—	—	2,192	—	—	—	—	—
Cirrhosis	—	—	—	—	—	—	—	4,049	—	—	—	—	—
Necrosis	—	—	—	—	—	—	—	—	—	—	—	—	—
Inflammation	—	18	12	20	28	233	172	188	136	52	22	31	29
Red Water	—	4	3	—	—	39	39	39	78	37	31	22	21
Cysts	—	—	—	—	—	5	—	31	43	—	—	—	—
Suffocation	—	—	—	4	—	—	—	—	—	—	—	—	—
Swine Fever	—	—	—	—	—	—	—	—	—	—	—	—	—

The number of Animals slaughtered in the City for the year was 36,693, made up as follows:—

Bovines, 8,139, Sheep and Lamb, 25,576, Calves, 647, and Pigs 2,331.

In addition 67 Horses were examined and stamped prior to export to Belgium for human consumption.

Infectious Diseases

Infectious Diseases

Prevalence of and Control over Infectious Diseases

The accompanying tables show the prevalence of notifiable infectious diseases during the year, together with the ward and age distribution.

Smallpox. No case of Smallpox was notified during the year.

Diphtheria. There were 444 cases notified during the year. The date of admission to hospital of the fatal cases averaged over four days after commencement of illness. It is necessary to emphasise the absolute necessity of early administration of antitoxin. Happily there are signs of a more general recognition of this urgency.

A disquieting fact is the frequency of cases of a severe type.

Scarlet Fever.

On the whole, the disease was of a mild type. Towards the end of 1932 the incidence of Scarlet Fever was greatly increased. The average length of stay of Scarlet Fever cases in hospital was thirty days. The medical practitioners in the area have been urged to do their utmost to keep as many mild cases as possible at home, thereby allowing the beds at the Isolation Hospital to be used for the treatment of more urgent cases, such as Measles and Whooping-cough complicated with pneumonia.

I wish to encourage the home isolation of Scarlet Fever wherever adequate means of isolation are present in the patient's house, unless it is considered advisable in the patient's interest that hospital treatment and nursing should be obtained. A large proportion of the male population of Plymouth work in the Dockyard,

and if a case of Scarlet Fever remains at home, the Dockyard authorities insist upon their employees living in the house staying away from work until the release of the patient from isolation.

Enteric Fever. Of the 7 cases notified, 2 were treated at the City Hospital and 5 at the South Devon and East Cornwall Hospital. Two additional cases were reported as admitted to the South Devon and East Cornwall Hospital, one a Port Sanitary case and the other a resident of Bickington, North Devon.

**COMPARATIVE TABLE SHEWING ATTACK RATES 1932
PER 1000 POPULATION.**

<i>Disease</i>	<i>Plymouth</i> 207,500	<i>Bradford</i> 300,900	<i>Salford, Lancs.</i> 225,900	<i>Ports- mouth</i> 251,500	<i>Cardiff</i> 223,800	<i>New- castle</i> 284,400
Scarlet Fever ..	4.80	2.60	1.87	2.66	3.24	4.1
Diphtheria	2.14	1.07	3.21	0.97	2.20	0.48
Enteric ..	0.03	0.16	0.07	0.04	0.04	0.04
Erysipelas	0.25	0.43	0.47	0.27	0.22	0.72

Particulars of other infectious diseases will be found in the accompanying tables.

INFECTIOUS DISEASES NOTIFIED, 1932.

AGE GROUPS.

Diseases.	0-1 years.	1-2 years.	2-3 years.	3-4 years.	4-5 years.	5-10 years.	10-15 years.	15-20 years.	20-35 years.	35-45 years.	45-65 years.	65 years up.	Totals.	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Admitted to Swilly Hospital.	Isolated at Home.	Removed to Other Institutions.	Treated in Nursing Homes.	Naval and Military Cases	
																						N. R.N.	M. Hos.
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	11	20	57	52	77	449	198	52	64	10	6	1	997	234	221	181	361	768	229	—	—	2	3
Diphtheria	5	10	28	28	39	188	84	22	26	10	3	1	444	118	80	73	173	428	15	1	—	1	1
Enteric Fever	—	—	—	1	—	—	—	2	4	—	—	—	7	2	1	1	3	—	—	7	—	—	—
Pneumonia	10	11	7	7	7	20	8	19	40	23	35	10	197	103	42	18	34	1	137	57	2	—	—
Puerperal Fever	—	—	—	—	—	—	—	1	8	3	—	—	12	2	6	1	3	—	—	10	2	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	4	31	3	1	—	39	13	7	7	12	—	12	22	5	—	—
Cerebro-spinal Fever	—	2	—	—	—	—	1	1	—	2	—	—	6	2	2	1	1	—	—	6	—	1	—
Acute Poliomyelitis	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	1	—	—	—	1	—	—	—
Malaria (Contracted Abroad)	—	—	—	—	—	—	—	—	—	—	2	—	2	2	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	36	—	—	—	—	—	—	—	—	—	—	—	36	12	10	7	7	*	*	*	*	*	*
Erysipelas	2	—	—	2	—	—	1	2	10	10	23	2	52	17	16	6	13	8	32	12	—	—	—
Tuberculosis—Pulmonary	—	—	—	—	—	6	11	44	116	47	45	4	273	86	79	57	51	*	*	*	*	*	*
Non-Pulmonary	3	—	3	3	—	6	8	14	20	8	4	1	70	21	17	17	15	*	*	*	*	*	*
†Chicken-pox	25	28	29	51	79	425	52	15	7	—	—	—	711	203	261	186	61	—	711	—	—	—	—
Summer Diarrhoea (under 2 years)	3	—	—	—	—	—	—	—	—	—	—	—	3	—	—	3	—	—	—	3	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	—	—	1	—	—	—	—
Totals	95	71	124	144	202	1095	363	176	326	117	119	19	2851	815	742	560	734	—	—	—	—	—	—

† The notification of Chicken-pox was rescinded from the 5th December, 1932.

* See separate Table.

INFECTIOUS DISEASES NOTIFIED.

WARD DISTRIBUTION. 1932.

Disease.	Totals.	Compton.	Mutley.	Pennycross.	Laira.	Charles.	Friary.	Sutton.	Vintry.	Drake.	St. Andrew's.	St. Peter's.	Valletort.	Mount Edgumbe.	Molesworth.	St. Budeaux.	Ford.	Nelson.	Keyham.	St. Aubyn.	Stoke.	Plymouth.	Devonport.	Stonehouse.
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	997	57	52	90	30	79	48	49	31	40	9	32	50	76	54	25	39	96	64	44	32	510	381	106
Diphtheria	444	13	8	19	6	16	34	23	34	31	8	22	15	23	24	3	21	50	16	63	15	220	201	23
Enteric Fever	7	1	—	1	1	1	—	—	—	1	—	—	1	1	—	—	—	—	—	—	—	5	1	1
Pneumonia	197	12	5	17	1	8	4	4	13	11	7	16	5	5	20	9	11	14	7	16	12	94	94	9
Puerperal Fever	12	—	—	—	—	1	1	—	—	—	1	1	—	2	1	—	—	3	—	2	—	5	5	2
Puerperal Pyrexia	39	—	1	—	—	7	2	1	2	1	—	2	2	4	—	—	—	7	1	8	1	18	16	5
Cerebro-Spinal Fever	6	—	—	1	—	—	1	—	4	—	—	—	—	—	—	—	—	—	—	—	—	5	1	—
Acute Poliomyelitis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Malaria (Contracted Abroad)	2	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Ophthalmia Neonatorum	36	1	—	1	1	1	—	1	—	2	2	2	6	7	—	—	1	2	3	6	—	15	12	9
Erysipelas	52	3	2	6	3	12	2	6	2	—	—	—	1	1	1	—	1	5	3	4	—	34	16	2
Tuberculosis—Pulmonary	273	13	12	22	21	10	13	5	24	14	9	17	23	9	12	7	12	11	16	14	9	188	74	11
Non-Pulmonary	70	3	2	6	3	3	1	6	8	7	2	2	1	5	5	2	3	4	3	3	1	46	18	6
*Chicken-pox	711	14	18	69	23	9	24	29	79	38	57	51	49	41	29	38	20	44	42	24	13	404	246	61
Summer Diarrhoea (under 2 years)	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	3	—
Dysentery	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Totals	2,851	118	100	233	89	147	130	124	197	145	95	145	153	175	146	84	109	236	156	186	83	1,546	1,069	236
Attack rate per 1,000 population	13.5	15.9	12.8	29.1	8.3	12.7	12.3	11.3	15.4	12.9	11.1	10.9	15.7	17.3	15.6	15.0	11.7	30.8	9.1	8.6	11.6	—	—	—

*The notification of Chicken-pox was rescinded from December 5th, 1932,

INFECTIOUS DISEASES HOSPITAL, SWILLY.

REPORT OF THE RESIDENT MEDICAL OFFICER.

Scarlet Fever. Of the 997 cases notified from the City, 768 were treated in Swilly Isolation Hospital, the remaining 229 were isolated at home. Of this number 7 patients were re-admitted for treatment ; and 2 were admitted from Crown buildings within the City.

The following additional cases of Scarlet Fever were admitted from outside the City :—

Military Quarters, Crownhill	..	..	4
Plympton R.D.C.	..	..	24
Ivybridge	..	..	2
Torpoint	..	..	2
Salcombe	..	..	4
Launceston	..	..	1
Dousland (private)	..	..	1
			<hr/>
			38
			<hr/>

This makes a total of 806 Scarlet Fever patients treated at Swilly.

“ *Return* ” Cases. The following are details of “ return ” cases of Scarlet Fever during the year :—

SCARLET FEVER.	“ INFECTING ” CASES.		“ RETURN ” CASES.	
<i>Total admissions.</i>	<i>No.</i>	<i>Per-centage.</i>	<i>No.</i>	<i>Per-centage.</i>
768	41	5.3	52	6.8

The incidence of Scarlet Fever has been higher than usual, at times taxing the hospital accommodation to its utmost.

The majority of cases were of the usual mild type, but interspersed among them was a considerable number of very severe ones ; more severe than I have seen for many years.

The diagnosis of Scarlet Fever was disproved in two cases, one of Measles and one of acute Septicæmia, due to Cellulitis.

There were seven deaths, three of septic condition, directly due to Scarlet Fever, one of Meningitis, from which the patient was suffering on admission, two from Pneumonia concurrent with Scarlet Fever, and one from chronic Asthma and Bronchitis, aggravated by the attack of Scarlet Fever.

The average length of stay in hospital per patient was thirty days.

Diphtheria Of the 444 cases notified, 428 were admitted to Swilly Hospital, 15 were isolated at home and one at the City Hospital. Of these 21 were admitted from “ Crown Buildings ” in the City.

The following additional cases were admitted from outside the district :—

Plympton R.D.C.	..	..	..	25
Torpoint	..	..	..	2
Tavistock	..	..	..	1
Kingsbridge	..	..	..	1
Horrabridge (private)	..	..	..	1
Military Quarters, Crownhill	..	..	..	2
			—	
			32	
			==	

This makes a total of 460 patients treated at Swilly. One patient was re-admitted for treatment.

The following cases admitted as Diphtheria were subsequently diagnosed as follows :—

Tonsillitis	..	..	..	..	80
Scarlet Fever	..	..	..	..	2
Influenza	..	..	..	..	1
Rhinorrhœa	..	..	..	..	1
Laryngitis	..	..	..	..	2
Bronchitis	..	..	..	..	1
Catarrhal Laryngitis	..	..	..	..	4
Stomatitis	..	..	..	..	1
Retro-pharyngeal Abscess		..	..	..	1
Cellulitis of Scalp	..	..	..	..	1
Intr-laryngeal Growth	..	..	..	..	1
				—	
				95	
				==	

Eight children stated to have been immunised against Diphtheria were admitted. Five of them had Tonsillitis, not Diphtheria—three had mild symptoms suggestive of Diphtheria, and the diagnosis was allowed to stand, though doubtful.

Laryngeal Diphtheria. Twenty-four cases were admitted with laryngeal symptoms.

Eleven proved to be suffering from diseases other than Diphtheria, mostly catarrhal laryngitis, bronchitis or pneumonia.

Thirteen cases proved to be Laryngeal Diphtheria. Of these six required tracheotomy, five recovered, one died; this child was suffering from Whooping-cough coincident with Diphtheria. Two cases were sent in after tracheotomy had been performed in other institutions. The remaining cases did not need operations, and recovered.

Deaths. There were 21 Diphtheria deaths in Swilly, 3 of them coming from outside the City. Particulars are as follows:—

18 deaths were directly due to Diphtheria.

1 from Diphtheria coincident with Scarlet Fever.

1 from Diphtheria and Convulsions.

1 from Diphtheria and Whooping-cough.

Many of the cases of Diphtheria were of a very severe character.

I must again state, as I do in every Annual Report, that nearly all the fatal cases come into hospital in a hopelessly advanced stage of the disease; the date of admission averaging over four days after the commencement of illness.

Cases treated early with anti-toxin nearly all recovered.

The following table shows the mortality according to day on which serum was administered:—

<i>Rolleston.</i>			<i>1,500 cases.</i>
			<i>Mortality.</i>
1st day	..	..	0.
2nd day	..	..	3.08
3rd day	..	..	6.1
4th day	..	..	10.6
5th and after	..	..	11.5

May I again draw attention to the value of immunisation against Diphtheria, which can be obtained, free of charge, at the various Child Welfare centres.

No single case of an immunised patient suffering from a serious attack of Diphtheria has yet been admitted to this hospital.

The few cases that have been sent in have either been proved to be suffering from a disease other than Diphtheria or have had such a mild attack that the diagnosis of Diphtheria has been very doubtful owing to the slightness of the symptoms.

The following American figures are of interest and fairly conclusive :—

In New York (1929) 212,000 immunisations were performed, as a result mortality fell 70 per cent.

In Philadelphia (1929) and (1930) efforts were made to immunise all susceptible children. Attack rate fell to 0.4 per 1,000, so no hospital for Diphtheria was required.

In Detroit at the end of 1929, 153,000 out of 300,000 children were immunised and no case of Diphtheria occurred among these, but 1,885 cases occurred in the unprotected children.

Other Diseases Treated at Swilly Hospital In the cubicle blocks the following were admitted :—

Measles	..	..	36	
Erysipelas	..	..	8	(1 died, a patient aged 10 days).
Chicken-pox	..	..	5	(Port Sanitary cases).
Influenza	..	..	1	(Port Sanitary case).
Enteric	..	..	1	
Mumps	..	..	1	
Whooping-Cough	..	..	1	
Eczema	..	..	1	(A baby admitted with mother suffering from Scarlet Fever).

The cases came mainly from the general hospitals and other institutions. At present there is not sufficient accommodation to admit cases of infectious non-notifiable diseases except from institutions.

Deaths Three deaths occurred in patients suffering from non-notifiable diseases :—

- One from Broncho-pneumonia and septic Tonsillitis.
- One from acute Cellulitis and Septicæmia.
- One from septic Tonsillitis, Cavernous Sinusitis and Meningitis.

INFECTIOUS DISEASES NOTIFIED. .

<i>Diseases.</i>	<i>Total cases notified.</i>	<i>Cases admitted to Hospital.</i>	<i>Total deaths.</i>
Smallpox	—	—	—
Scarlet Fever	997	768	10
Diphtheria	444	429	20
Enteric Fever	7	7	—
Pneumonia	197	58	58
Puerperal Fever	12	10	8
Puerperal Pyrexia	39	22	—
Cerebro-spinal Fever	6	6	7
Acute Poliomyelitis	1	1	—
Malaria	2	—	—
Ophthalmia Neonatorum	36	8	—
Erysipelas	52	20	—
Chicken-pox	711	—	—
Summer Diarrhœa (under two years)	3	3	11
Dysentery	1	1	—
TOTAL ..	2508	1333	114

DIPHTHERIA IMMUNISATION.

During the year the scheme of Diphtheria Immunisation in the City was continued. The organisation falls under two separate heads:-

1. Children immunised at School by a visiting Medical Officer.
2. Children immunised at the Maternity and Child Welfare clinics.

The first group comprises children between the ages of 4 to 8 years. Parents are circularised concerning the advantages of immunisation and the treatment offered. Consent forms are issued for the benefit of those parents who avail themselves of the treatment offered to their children. Facilities are afforded whereby parents may be present at the school when immunisation is in progress.

The second group comprises all other children. The work is carried out at the routine Welfare clinics.

There is ample room for extension of the scheme, and it is probable that with further advertisement by means of the Press, cinemas and circulars the number of immunisations will increase considerably.

An additional session has been commenced at Beaumont Hut.

The following figures show the extent of the work during 1932 :

	No. of children uncompleted in 1931 who completed course in 1932.	No. of children commencing course in 1932.	No. of children commencing and complet- ing course in 1932.	No. of children refusing further treatment, not traced or left School.	No. of children commencing course in 1932, but uncomple- ted at end of year.
At School ..	449	800	322	108	408
At Clinics ..	98	498	240	—	232
	—	—	—	—	—
	547	1298	560	108	640
	==	==	==	==	==

ANALYSIS OF ALL SCHICK TESTS PERFORMED IN 1932.

Results of Schick tests in 1932—

After 3 noculations—				At Schools.	At Clinics.
Negative	..	..	..	701	307
Positive	..	..	..	91	28
Schicked, but no reading			..	8	2
				—	—
				800	337
				==	==
After 4 or more inoculations—					
Negative	..	..	..	13	30
			78	=	=

Clinics

First attendances, 551. Total attendances, 2,413.

There has been no change in the routine procedure this year except that nine to ten months instead of six months is now advised as the ideal age for starting immunisation. For the convenience of those residing in Laira and Prince Rock districts an additional clinic was opened at Beaumont Hut centre towards the end of the year.

The numbers attending are decreasing. In 1930, 791 children attended ; in 1931, 610 ; in 1932 only 551. This is partly accounted for by the immunisation now carried out in schools and partly by public indifference. Since 1927 over 2,000 children have been successfully immunised at Maternity and Child Welfare centres.

Three hundred and eighty-three completed a course of 3 l.c.c. T.A.M. in 1932 ; 261 of these were Schick tested. Positive, 16, i.e. 6.1 per cent ; negative, 243 ; not read, 2.

Tested at end of 3 months, 197 ; positive, 9 ; negative, 188								
„	within	6	„	42	„	3	„	39
„	over	6	„	20	„	4	„	16
						—		—
						16		243
						==		==

The 16 positives were given further injections, with the following results :—

Negative after 1 more injection	..	..	..	3
„ „ 2 „ injections	..	..	..	6
„ „ 3 „ „	..	..	..	2
Remaining positive as ceased to attend	..	..	..	5
				—
				16
				==

Primary Schick testing in children under 8 to 9 years of age was discontinued as a routine measure in 1928, and is now only done in children under 10 years when specially requested or where there is some special indication for it. Of 16 children under 10 years who were Schick tested, 14 were positive, showing that the incidence of susceptible children is still high in Plymouth. Forty-eight primary Schicks were done in children over 10 years of age, 24 being positive and 24 negative. Out of 699 primary Schicks done over a period of 5 years, 447, i.e. 64 per cent, have been positive.

Sixty-four primary Schick tests in age groups :—

4-7 yrs.		8 yrs.		9 yrs.		10 yrs.		11 yrs.		12 yrs.		13 yrs.		14 yrs.		15 yrs. and over	
N.	P.	N.	P.	N.	P.	N.	P.	N.	P.	N.	P.	N.	P.	N.	P.	N.	P.
1	5	—	—	—	—	1	9	7	6	4	6	1	2	4	3	8	7

Of the 656 children immunised in 1931, of whom 498 were Schick tested in 1931, a further 79 were tested in 1932 : positive, 11, i.e. 12.6 per cent ; negative, 68. The 11 positives were given further injections with the following results :—

Negative after 1 more injection	..	4 T.A.F.	1
„ „ 2 „ injections	..	1 T.A.F.	
„ „ 3 „ „	..	1 „	
„ „ 5 „ „	..	1 „	
Remaining positive as ceased to attend	..	4	
		—	
		11	
		==	

Of a total of 338 Schicks done this year after the injection of 3 lc.c. T.A.M., 8 per cent were positive.

Four children contracted Diphtheria before immunisation was completed. One of these, who was slightly Schick positive after 3 lc.c. T.A.M., 1928-9, was given a further 2 lc.c., but failed to re-attend after that for another test. The case is reported to have been clinically Diphtheria, although there was no bacteriological evidence to support the diagnosis.

One immunised child, Schick negative, May, 1931, was admitted to the isolation hospital in May, and was clinically Diphtheria, but bacteriological evidence was negative.

According to the standard laid down by the Forbes 1927 report, this case does not fulfil the conditions necessary for the acceptance of a diagnosis of Diphtheria in a Schick negative reactor.

Six children who had had Diphtheria at least nine to ten months previously were Schick tested : positive, 2 ; negative, 4. The two positives were immunised and became Schick negative.

An analysis of the age incidence of the 444 cases of Diphtheria

notified in 1932 demonstrates clearly the need for pre-school immunisation of the child.

Cases notified, 444 : 1-5 years, 110 ; 5-10 years, 188 ; 10-15 years, 84 ; 15 years and over, 62.

Diphtheria is a dangerous disease, and the treatment is costly. It is preventable, but prevention is not compulsory, and unfortunately the public as yet is not sufficiently educated in this matter to appreciate the advantages of prevention.

THE WORKING OF THE VACCINATION ACTS.

A consideration of the working of the Vaccination Acts leads to the conclusion that there is need for rationalisation of our methods of prevention of Smallpox, and co-ordination with the prevention of Diphtheria and other diseases.

Briefly, the vaccination procedure is that upon the registration of the birth of a child, the registrar sends to the parent a notice stating that the Acts require every child to be vaccinated before it is six months old, unless the parents make a statutory declaration that they conscientiously believe that vaccination would be prejudicial to the health of the child. Upon completion of vaccination, or upon the completion of a statutory declaration, the form is sent to the Vaccination Officer, who is responsible for the keeping of records. There are various exceptions, which permit vaccination to be deferred, owing to the state of the child's health, or the condition of the house, or the recent prevalence of infectious disease in the district ; all of this complicated procedure leads to numerous forms and certificates.

Present-day experience shows that the most urgent need for vaccination and re-vaccination occurs when a Smallpox case arises. Then, vigorous insistence on vaccination and the highest standard of efficiency in following up contacts will usually limit the outbreak, and in our experience it is limited in direct ratio to efficient control by the Public Health staff and the response of the population to measures of control. At such a time a higher standard of efficiency would be attained if the Vaccination Staff were actually within the Public Health Department working directly under the Medical Officer of Health. This Staff could, with far greater usefulness, be also employed in preventing other more dangerous diseases.

Under the Notification of Births Act, the Medical Officer of Health is notified by the parent, or any person in attendance on the mother, within 36 hours of the birth of a child.

The name, address, and date of birth of a child has also to be registered at the Registrars by the parent or guardian within six weeks of the date of birth.

Under the Vaccination Acts, as already stated, the Registrar sends to the parent a notice requiring vaccination. This notice, upon completion, is sent to the Vaccination Officer.

The Registrar, who works under the Registrar-General is responsible for sending the weekly number of births registered, and a weekly list giving full particulars of deaths registered to the Medical Officer of Health.

The Medical Officer of Health, on the other hand, sends a weekly list of births notified under the Notification of Births Act to the Registrar, so that he may notify the M.O.H. of all births registered by him who have not been notified under the Notification of Births Act.

This complicated procedure might easily be simplified into a single process.

During 1932, the total number of primary vaccinations performed was 969. There were 3,251 live births allocated to the City, so that approximately 43 per cent of babies are vaccinated.

Venereal Diseases

VENEREAL DISEASES.

REPORT OF THE MEDICAL OFFICER IN CHARGE OF THE TREATMENT CENTRE.

The tables below show the number of patients dealt with at the V.D. Treatment Centre during the past three years :—

(PLYMOUTH, DEVON AND CORNWALL)

SYPHILIS (new cases).				GONORRHŒA (new cases).		
<i>Year.</i>	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
1930 ..	86	59	145	203	45	248
1931 ..	88	65	153	224	87	311
1932 ..	98	63	161	208	109	317

NOT VENEREAL DISEASE.				CHANCROID OR SOFT SORE.		
<i>Year.</i>	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
1930 ..	214	87	301	5	—	5
1931 ..	186	79	265	3	—	3
1932 ..	223	79	302	11	—	11

ATTENDANCES.				IN-PATIENT DAYS.	
<i>Year.</i>	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	<i>Days.</i>	
1930 ..	11915	3375	15290	1698	
1931 ..	13028	4318	17346	2072	
1932 ..	13438	6128	19566	2078	

RETURN OF PLYMOUTH PATIENTS WHO WERE TREATED AT THE TREATMENT CENTRE, SOUTH DEVON AND EAST CORNWALL HOSPITAL, PLYMOUTH. FOR THE YEAR ENDING 31ST DECEMBER, 1932.

Males. Females.

1. Number of CASES dealt with for the first time at the O.P. Clinic who were suffering from—

Syphilis ..	..	..	..	78	60
Soft Chancre ..	..	..	..	10	—
Gonorrhœa ..	..	..	..	176	82
N.V.D. ..	..	..	..	178	64
				—	—
TOTALS ..				442	206
				=====	=====

2. Aggregate number of IN-PATIENT DAYS of treatment given to patients 1045
3. OUT-PATIENT ATTENDANCES 18084

An examination of these figures shows several points of interest.

Syphilis. The numbers are slightly higher this year. For a city of the size of Plymouth, with its moving population, I think the figures are quite satisfactory. Many of the patients are simply birds of passage moving from one clinic to another.

Of the 161 patients 27 were in the primary or secondary, that is, infectious stage, 20 of which were contracted in Plymouth.

Gonorrhœa. The number of patients suffering from this disease remains fairly stationary from year to year. There is no immediate probability of these figures becoming much lower. The disease, especially in women, is so chronic and often causes such slight discomfort that it may never be detected by the patient until she infects someone else. One can hardly hope to stamp out such a disease.

A very satisfactory feature in these figures is the steady increase in the proportion of women to men attending. It is very difficult to get hold of the female suffering from gonorrhœa. The proportion has risen from about 1 woman to 5 men to over 1 to 2. Unless one can get the women under treatment it is impossible to make any impression on the incidence of the disease.

Non-venereal Diseases. These numbers are fairly stationary. I should like to see them higher. These are patients who come to the clinic for examination, generally having exposed themselves to risk of infection and either fearing that they have contracted disease, or for advice. They are examined and, if no disease is apparent, are watched from day to day. In this way many cases are detected at the earliest possible moment. If nothing is found they go home reassured, with some useful advice and warning as to the risks they have been running. If any non-venereal disease is detected they are advised to see their own medical attendants or recommended for hospital treatment.

Attendances. The number of attendances (2,220 above last year, 4,275 above the year before) is very much higher ; the highest we have ever had. This is not due to an increase of venereal disease. It is due entirely to two facts, first that we are making our treatment much more drastic and requiring a higher standard before we discharge a patient as cured, and second that we seem to have been more successful in getting patients, especially the women, to attend more regularly, more frequently and for a longer period. This is very satisfactory.

OPHTHALMIA NEONATORUM, 1932.

No. Notified.	Where Treated					Vision un- impaired.	Vision im- paired.	Deaths.
	Home.	Royal Eye Infirmary.	City Hospital.	South Devon Hospital	Maternity Homes.			
36	21	2	2	6	5	36	—	—

Tuberculosis

Tuberculosis

BY THE TUBERCULOSIS OFFICER

I have much pleasure in submitting the Annual Report for the Tuberculosis Department of the Public Health Service of this City, together with Tables which support my remarks.

Dispensary. The work at the Dispensary shows an increase on the previous years in many respects, and this points to the closer co-operation which exists between the other Departments of the Corporation, local general medical practitioners, institutions, and myself.

As will be seen by the table which accompanies this Report, the local doctors have sent no less than 770 patients to me for an expression of opinion as to the presence or otherwise of tuberculosis (happily in 402 of these cases I have been able to declare the person non-tuberculosis). This number, 770, exceeds the number of persons similarly sent to the Dispensary in any previous year, and is an expression of the great co-operation already mentioned and without which the Department would be ineffective.

The number of Contacts (that is, those who come directly into contact, either at the home or business, with persons suffering from tuberculosis) who came to the Dispensary during the year to know if they were free from the disease increased to 844. This is evidence that the general public are more and more appreciating the Service which is at their disposal.

Domiciliary Visiting. My own visits to patients, either with or without their own doctor, continue much as formerly.

The visits by Tuberculosis Health Visitors, and the Three Towns and St. Budeaux District Nursing Associations.

show an increase of over 1640 on last year. As I have written in my reports of former years, the following-up of notified cases of Tuberculosis is an extremely important branch of the work and, it rightly, shows an increase.

Special Forms of Treatment. The various forms of special treatment administered at the Dispensary are increasing, and briefly are as follows :—

Artificial Pneumo-Thorax. The primary induction is given while the patient is in a sanatorium and the “ refills ” are given at the Dispensary. During the past year 90 such operations have been performed by me, and this number far exceeds anything of a like nature given in former years.

Tuberculin Tests. Are made as a routine measure in selected cases, and they numbered 113 last year.

Tuberculin Injections. Five hundred and seventy-eight injections were given to tuberculosis persons during the year, and the results of the treatment proved most gratifying. I propose actively to follow this form of treatment.

Laryngological Clinic. This work remains under Dr. C. R. Crowther, the Ear, Nose and Throat Specialist, and during the year he has given 199 treatments at the Dispensary. He holds a clinic each week and examines, treats and advises not only cases attending the Dispensary but those at the Sanatoria.

Results. Patients, of course, are classified. Those remaining in the care of the Dispensary Staff are either “ recovered,” “ not arrested ” or “ diagnosis not completed.”

At the end of 1932 the numbers under these three categories were :—

	<i>Pulmonary.</i>	<i>Non-Pulmonary.</i>	<i>Total.</i>
“ Recovered ” ..	183	108	291
“ Not arrested ” ..	882	181	1063
“ Diagnosis not completed ” ..	..	..	122

It is pleasing to report that no case previously declared “ recovered ” has relapsed and become “ not arrested.”

X-Ray. The X-ray plant serves not only tuberculosis patients of the Dispensary, Didworthy Sanatorium and Mount Gold Hospital, but also patients from the Maternity and Child Welfare Department and, in fact, all sections of the Public Health Department with the exception of the City Hospital.

In addition cases are X-rayed for the Devon County Council, for which that Authority pays.

The number of examinations made during the year 1932 by the X-ray Department was :—

	<i>Skiagrams.</i>	<i>Screenings.</i>
Tuberculosis persons of Dispensary, Didworthy, Mount Gold and Den- tal Clinic 	1446	1097
For Maternity and Child Welfare, School Medical and other Cor- poration Departments ..	242	17
For Devon County Council ..	59	55

Co-operation. I cannot allow this opportunity to pass without expressing thanks to the Electrical Engineer, Messrs. Kodak and the City Radio Company for their invaluable help at the Tuberculosis Children’s Christmas Party. It certainly was the best party it has been the pleasure of the staff to give to our children patients, and their joy made it worth while.

I thank all medical practitioners for their ready co-operation and invite them once again to *use* the Dispensary.

I am grateful also to medical officers of the local voluntary hospitals for calling me in to see cases for whom the Council has made provision in their Tuberculosis Scheme. Acting as a Consulting Physician in this manner draws the department and local hospitals closely together.

Death. It is with deep regret that I report the death of Mr. Charles W. Street, who has been a member of the Dispensary Staff (and Secretary of the Tuberculosis Care and After-Care Committee) for over eleven years.

Institutional. The accommodation available for the treatment of Tuberculosis is :—

		<i>Beds.</i>
1. For early cases of Pulmonary Tuberculosis in adults and children, both sexes ..	Didworthy Sanatorium ..	100
2. For intermediate and advanced cases of Pulmonary Tuberculosis in adults and children, both sexes	Mount Gold Hospital ..	80
3. For Non-pulmonary Tuberculosis in adults and children of both sexes ..	In other Institutions, but to be transferred on opening to the Orthopædic Section of Mount Gold Hospital..	30
4. Cases suitable for concurrent training and treatment, adults	As required ..	about 10
5. For specially selected cases of Tuberculosis of all forms, or for observation, in adults and children, both sexes	City Hospital ..	about 10

and our requirements are amply met thereby.

The number of admissions of patients to all institutions during the year was 467, the number of discharges 399, and the number of deaths in institutions 82.

The discharges can be sub-divided as follows, to give some idea as to the results of institutional treatment :—

Patients who on discharge were declared “ Quiescent ” 91

Patients who on discharge were “ Not quiescent ” .. 259

Of the latter number about 75 per cent showed much improvement but could not be classified definitely as “ quiescent.”

No less than 49 persons were admitted to Institutions (mainly the City Hospital) for "observation"—of these 37 were declared definitely to be tuberculous, 9 doubtfully tuberculous and 3 non-tuberculous. Having "observation" beds at our disposal is of the greatest importance, as it is impossible suitably to arrive at a diagnosis in some cases at an Out-patient Department, which the Dispensary really is.

A few words about our own Institutions :—

Didworthy Sanatorium. We have completed our first year with Didworthy structurally complete, namely, with 100 beds.

The past four years have seen the accommodation for children improved beyond all description and increased to 40 beds. These beds are exceeding our requirements, at any rate now, so the Children's Blocks are being used for the reception of suitable adolescents and children, and this is proving satisfactory.

At the time of writing there are 89 beds occupied, but an average struck over the whole year shows the occupation to have been 86.4.

Special forms of treatment, namely, artificial pneumo-thorax, sanocrysin, and tuberculin injections are actively followed and great success has attended them.

No less than 14 patients have successfully had lung collapse performed (artificial pneumo-thorax), 20 patients courses of sanocrysin with great benefit to themselves, and a number of selected cases have greatly improved after courses of injections of tuberculins.

Average length of stay of cases discharged during 1932—336.76 days.

Condition on discharge :—

45.9 per cent of the cases were discharged "Quiescent."

47.0 per cent of the cases were discharged "Improved."

6.4 per cent of the cases were discharged, showing "No material improvement."

The percentage of "Sputum Negative" cases was 57.8 per

cent, and the percentage of "Sputum Positive" cases was 36.7 per cent.

Six "Non-pulmonary" cases were discharged during the year.

The total number of Sputum examinations done at the Sanatorium were 453.

There were no deaths in the Institution during the year.

Mount Gold Tuberculosis Hospital. The re-organisation of the Institutions under the control of the City of Plymouth Public Health Department was completed on September 1st, 1932, when Udal Torre Sanatorium was closed and the patients were transferred to Mount Gold Hospital.

This new hospital has accommodation for 80 cases of intermediate and advanced pulmonary tuberculosis in men and women, and the orthopædic section, which was formally opened by H.R.H. The Duchess of York on May 24th, 1932, has 120 beds allotted for the care of adults and children requiring orthopædic treatment. It is hoped that this section will be ready for the reception of patients early in 1933.

The pulmonary cases are now in the wards which were formerly used for the treatment of infectious disease. Both male and female wards have been altered and adapted for this special work, and patients are now able to undergo treatment under much better conditions than formerly obtained at Swilly and Udal Torre. All forms of modern treatment applicable to the patient's condition are carried out at this Institution, such as sanocrysin, artificial pneumo-thorax and light occupational therapy. Whilst it is yet early to judge, results appear to be very good, and those patients who improve sufficiently under the hospital regime are transferred to Didworthy Sanatorium, where their treatment is rounded off under harder conditions.

The Orthopædic Hospital, when opened, will have the services of two part-time visiting orthopædic surgeons, and the whole hospital both pulmonary and orthopædic, will be under the care of a resident Medical Officer.

Both sections will be administered centrally, an up-to-date

kitchen and oil-burning boilers supplying food, heating and hot water to the whole Institution. All possible modern improvements have been carried out, so that when the Institution is in running order, Plymouth will have one of the most up-to-date Tuberculosis Hospitals in the country.

City Hospital. I have already stressed how important are the facilities for the observation of patients in hospital. The City Hospital is frequently used for the observation of doubtful cases and also for the treatment of some cases of non-pulmonary tuberculosis.

Other Institutions. Our thanks are hereby paid to all those Institutions who have accepted Plymouth patients during the past year.

Dental Clinic. This Clinic continues to serve the tuberculosis patients, not only of the Dispensary, but also at Didworthy Sanatorium and Mount Gold Hospital, patients of the Maternity and Child Welfare Department, the City Hospital, the Public Assistance and Mental Welfare Committees and Ford House.

Clinics are held at Beaumont House, the City Hospital and Didworthy Sanatorium.

During the year just ended the following operations were performed :—

	New Patients.	Atten- dances.	Extractions.		Anaesthetics.		Fillings.	Scalings.	Dentures.	Repairs.	Other Opera- tions.
			Perma- nent.	Tempo- rary.	Local.	General.					
Tuberculosis ...	172	973	347	10	127	23	333	80	63	20	216
M. & C.W.	Mothers ...	888	1437	—	148	124	75	44	99	8	199
	Children ...	382	—	547	44	90	107	—	—	—	53
City Hospital ...	157	168	681	12	69	58	13	20	1	—	1
Public Assistance Com. ...	74	236	473	6	52	38	5	11	31	9	69

VISITS TO INSTITUTIONS.

Didworthy	...	...	...	25
Udal Torre	...	...	...	7
Mount Gold	...	...	...	8
City Hospital	...	...	...	47

The financial aspect is not for me here to deal with, but I know that it is one which causes no worry, and this is a pleasant position, for the work performed is of the highest possible value in the treatment of the patient, indeed, it is an absolute necessity to the patient's welfare.

Voluntary Work. The Voluntary work, so closely allied with the Department, runs in two channels, namely :—

(i) the Devon and Cornwall Ex-Service Colony, Efford,
(ii) the Tuberculosis Care and After-Care Committee,
and on these I should like shortly to remark.

Devon and Cornwall Ex-Service Colony. Tribute is due to the County Medical Officer of Devon County Council for so readily arranging for the Health Visiting Service at the Colony (which geographically is in his Area) while the trainees and their families remain under my clinical care.

The work at the Colony is much as was reported in my last Report. A small band of voluntary workers is determined that the benefits found at the Colony shall remain at the disposal of the deserving tuberculous subject.

Orders for work, from the general public, would prove of the greatest material help.

Almost without exception the trainees are benefiting by their living at the Colony, and the members of their families remain free from the disease.

Tuberculosis Care and After-Care Committee. This Committee, during the year, accepted with the greatest sorrow, the resignation of Mr. J. J. Judge, who had been the Hon. Secretary since the inception of the Committee. I should like here to pay tribute to his work.

The untimely death of Mr. Charles W. Street, the Secretary (already referred to), further depleted the ranks of the workers for the tuberculous.

Before the latter sad happening, however, and as soon as Mr. Street was found to be ill, Mr. Charles A. Ivory stepped into the breach, and the work has proceeded without any break. This has

meant much night work and week-end duty on his part, given ungrudgingly, and I should like to express my own thanks, as well as those of the Care Committee, to Mr. Ivory.

The work of the Care Committee proceeds on the lines explained in my previous reports, and a serious gap is breached by the Committee. The work of this band of voluntary workers is indeed fine, for they put out a helping hand when the patient is "down", and I find it difficult to find words which suitably thank them for their labours.

It would be a great help if the local employers needing men or women for light duties (such as watchmen, attendants, etc.) would get into touch with the Committee, for to find suitable work for really excellent candidates is an unsurmountable task without outside aid.

Deaths from Tuberculosis There were 166 deaths from tuberculosis during the year 1932, some of which occurred without having previously been notified. The details of these and the period between the date of notification and death of the others are as follows :—

	<i>No. and %</i>	
Without notification (including 3 Coroner's Enquiries)	20	or 12.1
Within one month of notification	34	„ 20.5
Between one and two months of notification ..	5	„ 3.0
„ two and three „ „ „ ..	7	„ 4.3
„ three and four „ „ „ ..	11	„ 6.8
„ Four and five „ „ „ ..	7	„ 4.3
„ five and six „ „ „ ..	3	„ 1.5
„ six months and one year of „ ..	16	„ 9.8
„ one and two years of „ ..	23	„ 13.8
„ two and three years of „ ..	12	7.2
„ three and four years of „ ..	6	„ 3.7
„ four and five years of „ ..	4	„ ? .5
More than five years of notification	18	„ 10.5

Excluding, therefore, the three cases the subject of Coroner's enquiries, 17 cases, that is, over 10 per cent of the deaths, had not been the subject of a primary notification of tuberculosis. In some cases posthumous notifications were received for cases admitted to hospitals in almost a moribund state, and in every other case the doctor certifying death had a perfectly satisfactory reason for what appeared to be neglect in non-notification.

The other details shown above reveal that no less than 83 persons, namely, 50 per cent, died from tuberculosis less than one year after being notified.

This cannot be dismissed as delay on the part of medical practitioners to notify cases ; on the contrary, I feel satisfied that the local medical practitioners are complying with regulations in this respect. As a matter of fact, I am daily reminded by their acts, that local doctors are working in close co-operation with me and my staff.

The fault then for the deplorable delay, for deplorable it is, lies elsewhere, namely, with the patient. Even here extravagant language must be avoided, for my experience tells me that there are a multitude of reasons that patients have for " putting off the evil day," a few of which are :—

1. Fear to know the truth,
2. Loss of work, and resultant worry that the remaining members of the family will suffer,
3. Horror of Institutional life,
4. Dislike of being examined medically,

and these assume such proportions in the minds of many who are ill that they carry on until it is too late.

Unfortunately, this class of patient does indescribable harm by spreading the disease to others.

This fault can only be remedied by " Health Education," and in this respect every doctor, nurse, sanitary inspector and other member of the staff is waging ceaseless warfare against diseases and endeavouring to educate the population as to how to cope with the condition in which they live and work.

These facts are not peculiar to Plymouth, and to-day they are a great improvement on local statistics of the past.

Tuberculosis in Plymouth is becoming more and more a " controlled " disease.

**SHOWING THE AGE AND SEX OF DEATHS AND
NEW CASES OF TUBERCULOSIS—1932.**

<i>Age Periods.</i>	<i>New cases.</i>				<i>Deaths.</i>			
	<i>Pulmonary.</i>		<i>Non-pulmonary.</i>		<i>Pulmonary.</i>		<i>Non-pulmonary.</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0 to 1 year	—	—	2	1	—	—	2	1
1 „ 5 years	—	—	5	1	—	—	1	—
5 „ 10 „	3	3	3	3	—	—	1	3
10 „ 15 „	5	6	6	2	1	2	5	—
15 „ 20 „	16	28	4	10	5	12	1	3
20 „ 25 „	22	20	3	6	8	11	1	2
25 „ 35 „	31	43	5	6	21	29	1	2
35 „ 45 „	32	15	1	7	20	13	—	3
45 „ 55 „	13	13	2	2	11	8	1	—
55 „ 65 „	14	5	—	—	13	6	—	2
65 and upwards	3	1	—	1	1	1	2	—
TOTALS ..	139	134	31	39	80	82	15	16

RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF PATIENTS
DISCHARGED FROM RESIDENTIAL INSTITUTIONS DURING THE YEAR 1932.

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.															Grand Totals.
			Under 3 months.			3-6 months.			6-12 months.			More than 12 months.			Totals.			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Pulmonary Tuberculosis.	Class T.B. minus.	Quiescent	1	1	1	2	1	—	8	2	10	1	5	10	12	9	21	42
		Not quiescent	12	15	3	2	4	3	3	1	3	1	1	1	18	21	10	49
		Died in Institution	9	4	2	2	1	—	—	—	—	—	1	11	6	2	19	
	Group 1.	Quiescent	—	1	—	—	1	—	—	1	—	3	—	3	3	—	—	6
		Not quiescent	1	—	—	2	—	—	2	1	—	—	—	5	1	—	—	6
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Group 2.	Quiescent	1	—	—	1	1	—	4	1	—	—	1	6	3	—	—	9
		Not quiescent	39	15	—	11	10	—	21	13	—	3	10	1	74	48	1	123
		Died in Institution	4	1	—	1	—	—	2	—	1	—	—	7	1	1	—	9
	Group 3.	Quiescent	—	—	—	—	—	—	2	1	—	—	—	2	1	—	—	3
		Not quiescent	8	10	—	2	10	—	2	4	—	2	2	—	14	26	—	40
		Died in Institution	17	12	—	4	7	—	4	2	1	—	1	25	22	1	—	48
Non-Pulmonary Tuberculosis.	Bones and Joints.	Quiescent	7	2	1	—	—	1	1	1	2	—	1	6	8	4	10	22
		Not quiescent	4	5	3	—	1	1	3	2	—	1	1	1	8	9	5	22
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Abdominal.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not quiescent	—	1	1	—	1	—	—	—	1	—	—	2	—	2	4	6
		Died in Institution	—	2	—	—	—	—	—	—	—	—	—	—	—	2	—	2
	Other Organs.	Quiescent	1	—	—	—	—	—	—	1	—	—	—	1	1	—	—	2
		Not quiescent	1	2	3	—	—	—	—	—	—	—	1	1	3	—	3	7
		Died in Institution	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	3
	Peripheral Glands.	Quiescent	—	1	4	—	—	1	—	—	—	—	1	—	—	2	5	7
		Not quiescent	2	2	1	—	1	—	—	—	—	—	—	2	3	1	—	6
		Died in Institution	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1

RETURN SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARIES
DURING THE YEAR 1932.

Diagnosis.	Pulmonary.				Non-Pulmonary.				Total.				Grand Total.	
	Adults.		Children.		Adults.		Children.		Adults.		Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.—NEW CASES examined during the year (excluding contacts) :—														
(a) Definitely tuberculous ..	122	115	2	7	10	16	13	3	132	131	15	10	288	
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	11	16	32	21	80	
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	110	144	87	61	402	
B.—CONTACTS examined during the year														
(a) Definitely tuberculous ..	—	3	5	2	—	—	—	—	—	3	5	2	10	
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	4	7	17	14	42	
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	63	154	269	306	792	
C.—CASES written off the Dispensary Register as														
(a) Recovered ..	28	22	20	16	8	1	3	6	36	23	23	22	104	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ..	—	—	—	—	—	—	—	—	197	323	383	394	1,297	
D.—NUMBER OF CASES on Dispensary Register on December 31st :—														
(a) Definitely tuberculous ..	377	342	93	70	42	45	58	36	419	387	151	106	1,063	
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	15	23	49	35	122	

1. Number of cases on Dispensary Register on January 1st ..	1,215	9. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes ..	11,060
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ..	27	10. Number of Specimens examined :— (a) Sputum ... (b) X-ray examinations made in connection with Dispensary work...	1,150 2,543
3. Number of cases transferred to other areas, cases not desiring further assistance under scheme, and cases "lost sight of" ..	134	11. Number of "Recovered" cases re-stored to Dispensary Register, and included in A (a) and A (b) above	—
4. Cases written off during the year as Dead (all causes) ..	136	12. Number of "T.B. plus" cases on Dispensary Register on December 31st ..	396
5. Number of attendances at the Dispensary (including Contacts) ..	13,246	13. Artificial Pneumo-thorax Treatment— Number of refills ...	90
6. Number of Insured Persons under Domiciliary Treatment on the 31st December ..	128	14. Number of injections of tuberculins	578
7. Number of consultations with medical practitioners :— (a) Personal .. (b) Other ..	83 726	15. Number of tuberculin tests ...	113
8. Number of visits by Tuberculosis Officers to Homes (including personal consultations) ..	504	16. Number of attendances at Laryngological Clinic ... 17. Number of tuberculous persons who received dental treatment ...	199 172

City General Hospital

The City Hospital

REPORT OF THE MEDICAL SUPERINTENDENT.

During the year 1932 there were 3,172 admissions into the Hospital, 539 deaths, and 2,604 discharges. The following are some further figures regarding these :—

1. Total number of admissions, 3,172.
2. Number of women confined in Hospital, 277.
3. Number of live births, 262.
4. Number of still births, 15.
5. Number of deaths among the newly-born (i.e. under four weeks of age), 6.
6. Total number of deaths among children under one year (including those given under 5), 38.
7. Number of maternal deaths among women confined in Hospital, 3.
8. Total number of deaths, 539.
9. Total number of discharges, 2,604.
10. Duration of stay of patients included in 8 and 9 above.
Number of cases whose total stay was for the following periods :—
 - (a) Four weeks or less, 2,314.
 - (b) Exceeding four weeks, but under thirteen weeks, 616.
 - (c) Thirteen weeks or more, 213.
11. Number of beds occupied :—
 - (a) Average during year, 483.
 - (b) Highest, 526, on 6/12/32.
 - (c) Lowest, 423, on 24/4/32.

12. Number of surgical operations under general anæsthetic (excluding dental operations), 1,075.

Numerically the number of admissions has increased by 50 per cent over the first year of taking over by the Council. Actually, however, this thousand or so difference represents an addition of *acute* cases. During the year it will be noticed that altogether 2,314 cases stayed in the hospital four weeks or less, that is, 73 per cent of the admissions. It will thus be seen that at present three-quarters of our admissions are cases requiring the same degree of care and attention as those ordinarily admitted into purely acute hospitals.

The number of operations again is one of the most certain indices of the total amount of acute work—surgical and medical—in a general hospital that admits cases of every type : 1,075 operations were done—more than twelve times the number in 1929. The number of acute medical cases has increased parallel with this, as was seen very strikingly during the recent influenza epidemic, when we had forty pneumonias admitted within a fortnight.

Deaths. The number of deaths was 539. This is a large number, but the corrected death rate after excluding senile cases, inoperable cancers, and cases dying a few hours after admission, being in fact only 6 per cent (193 cases).

Accommodation. The growing amount of work has thrown a great strain on the staff and the accommodation—especially during the winter months. So much so that in spite of having to discharge many patients rather too soon, we have had to take over still more of the old “ chronic block ” for bed cases—part of Ward 15, as well as the whole of 16, has now had to be utilised for this purpose.

Should the proposal to provide accommodation for certain types of mental disorder be adopted, still more of the “ chronic block ” will be required for that purpose.

The accommodation for the Nursing Staff is still very poor and unsatisfactory, as is testified by the amount of illness, especially during epidemics. It is to be hoped that this very necessary work can be undertaken in the near future.

Maternity and Ante-Natal Department. The work here has rapidly increased during the year and every bed is booked up for

some months. The pressure has been so great that it is no longer possible to reserve special accommodation for the few unmarried mothers admitted.

The ante-natal clinic at the hospital deals with cases referred from the Town clinics and has grown rapidly during the year. The total attendances were 1,030, and it has been found necessary to divide the clinic into (a) First and 36-week attendance clinic, (b) interval observation cases, (c) a small post-natal clinic for certain cases where there is a special reason for seeing discharged women a month or so after delivery.

I look forward with great confidence to the time when the Council's very valuable scheme for concentrating the Maternity provisions of the City is in action.

Some Needs. The operative surgical work has increased so much that the services—say for two sessions a week—of an expert anæsthetist are urgently necessary. The more intricate and hazardous non-emergency operations could be arranged for these periods.

A Radiologist, to interpret and report on X-ray films, and to carry out opaque meal examinations, is also required. In a large hospital the Medical Superintendent cannot possibly spare the time to do these things adequately in addition to his clinical, operative, and administrative work, even assuming that your new Medical Superintendent should be specially interested in Radiology.

In the case both of Radiologist and Anæsthetist two sessions a week should meet the needs at present, on a salary basis similar to that of the Consulting Physicians.

Finally let me again draw attention to the Nurses' Home, or rather the lack of it.

A Personal Note. On leaving Plymouth I should like to say what a pleasure it has been to help to develop the City Hospital as its first Medical Superintendent. I want to thank the whole staff for their hard work, keenness and loyalty, the Medical Officer of Health for his help and encouragement, and the Public Health Committee for its kindness and its constant, though sometimes rather cautious, enthusiasm. If "red-tape" and "bureaucracy" are the bogeys associated with State hospitals, no one need fear them if all Hospital Committees were like the Plymouth Public Health Committee.

Port Sanitary

Port Sanitary Department

REPORT OF THE SENIOR ASSISTANT PORT M.O.

TABLE A.

AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR 1932.

	Number.	Registered Tonnage of vessels inspected.	Number In- spected by the		Num- ber re- ported to be defec- tive.	Number of vessels on which defects were remedied.	Number of vessels re- ported as having, or having had during the voyage inf. dis. on board
			Port M.O.	Insp.			
FOREIGN—							
Steamers ..	1,114	5,297,000	536	457	15	14	132
Motor ..	396	683,694	80	80	—	—	29
Sailing ..	78	3,269	1	15	—	—	—
*Fishing	—	—	—	2	—	—	—
Total Foreign	1,588	5,983,963	647	544	15	14	161
COASTWISE—							
Steamers ..	1,122	511,693	13	717	10	10	—
Motor ..	503	39,504	3	138	—	—	—
Sailing ..	70	3,495	—	9	2	2	—
*Fishing ..	—	—	—	—	—	—	—
Total Coastwise	1,695	554,692	16	864	12	12	—
Grand Total ..	3,283	6,538,655	663	1,408	27	26	161

* There is no record of the amount of fishing traffic entering the Port.

TABLE B.
CHARACTER OF TRADE OF PORT.
PASSENGER TRAFFIC DURING THE YEAR 1932

<i>No. of Passengers.</i>	<i>1st Class.</i>	<i>Cabin.</i>	<i>2nd Class.</i>	<i>Tourist.</i>	<i>3rd Class.</i>	<i>Trans- migrants.</i>	<i>Coastwise Passengers.</i>	<i>Total.</i>
INWARDS..	10,670	3,136	3,196	4,763	5,198	143	4,941	32,047
OUTWARDS	1,746	1,087	423	1,157	485	—	4,834	9,732

The floating population dealt with comprised some 352,390 persons, and among these were 1,226 cases of sickness, including 778 of an infectious nature. Thirty-six deaths occurred among this series, and all these cases were subject to most careful enquiries by the medical officers. The number of cases actually landed was 190, of which 65 were removed to shore hospitals.

Nine thousand, six hundred and ninety-eight aliens were medically inspected and detailed examinations were conducted in respect of 211 of these persons.

No cases of plague were encountered and no plague-infected rats were detected on ship or shore.

The mooted new Port Sanitary Regulations have been framed during the course of the year and will come into force on May 1st, 1933. The issue of these regulations will give Port Sanitary Authorities a definite legal basis for their activities and will facilitate greatly all aspects of administration.

In April the Port of Plymouth became an approved Port under Article 26 of the International Sanitary Convention, 1926. The Medical Officer is now authorised by the Ministry of Health to grant deratisation certificates and deratisation exemption certificates. It has been necessary to appoint a rat-searcher for purposes of this new departure, and Mr. W. Childs, senior rat-catcher, was appointed to the post. Two fumigations were superintended by officers of the authority in course of the year and two deratisation certificates and 32 deratisation exemption certificates were issued up to December 31st, 1932. The granting of these certificates forms a small source of revenue to this department.

Throughout the year, at the request of the Ministry of Health, health declarations by wireless were closely investigated. Since 1924 a scheme for wireless notification of sickness on vessels before arrival has been in vogue at Plymouth. This scheme has proved very useful to the Port Sanitary Authority. Messages are usually transmitted through the local agents to the Port Sanitary Authority. The system has been voluntary and has worked exceedingly well with the regular calling lines.

The system as recommended by the Ministry of Health was very little different from that already in force at Plymouth. The

issue of special forms to the agents was not very popular, most shipping offices preferring to record the health messages on their routine cards. This point is of small moment so long as reliable information reaches the Port Sanitary Authority. The main criticism to offer is that the information is received on an average not later than 24–28 hours prior to arrival. Some shipping lines continue to send non-code wireless messages direct to the Port Sanitary Authority. When wireless health declaration becomes compulsory (as it is hoped in the ensuing year), the very few defaulters at this Port will have to fall into line.

To the Inspector and the staff I would make the customary but sincere acknowledgment of the efficient and kindly co-operation and assistance in the carrying out of the routine duties of the Port.

I. AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR 1932.

Mailboats. The number of calls made by mailboats at Plymouth in 1932 was 623, as compared with 706 in 1931 and 789 in 1930. In all 3,283 vessels (apart from those engaged in the fishing trade) arrived from foreign and coastwise, the tonnage inspected amounting to 6,538,655.

Six hundred and sixty-three vessels were visited by the Medical Officers and 1,408 by the Inspector. In addition, 79 vessels were boarded by the Medical Officers accompanied by the Inspector. Two hundred and eighty-four defects were found on 27 vessels, and in the case of 26 vessels the defects were remedied while in Port. Further details will be found in Table K.

II. CHARACTER OF TRADE OF PORT.

(a) **Passenger Traffic** The number of persons passing through the Port was over 31,000, including 9,000 aliens, the latter figure being made up in the main part by American tourists.

(b) **Cargo Traffic** *Coastwise.* A further drop occurred in the coastwise traffic during the year, this being in keeping with the general depression of trade throughout the Country. Coastwise cargo traffic consists mainly of transhipped general cargoes from

London and Liverpool, coal from the North-East ports and coal and general goods from the Bristol Channel ports.

Foreign

The foreign trade remained the same as in the previous year. During September and October there was an increase in the number of vessels, carrying grain as cargo, in the Port. Some of these vessels were from Basra and Black Sea ports, and in these cases immediate attention was given by officers of this Department, especially in view of the outbreak of Cholera then prevalent in the Basra neighbourhood. The seasonal vegetable and fruit trade from France and the Channel Islands was maintained.

III. SOURCE OF WATER SUPPLY.

(a) *For the Port.*

Great Western Docks	}	Plymouth Corporation Water Department from hydrants on the wharves.
Cattedown & Sutton Harbour		

(b) *For Shipping.* The only water boat supplying fresh water to shipping in the Port is the *Ela*, of 5,500 gallons capacity.

(c) *Number of Water Boats and Sanitary Condition.* For shipping, water is derived either from the hydrants on the wharves or from the water boat *Ela*. The tanks of the *Ela* were inspected periodically throughout the year and found to be in a wholesome condition.

IV. INFECTIOUS DISEASE.

The number of cases of infectious sickness investigated by the Medical Officers was 778, and of these 69 had been disposed of prior to arrival; 565 proceeded in the ship and 144 were landed at Plymouth.

SMALLPOX.

s.s. *Merkara*. Information was received from the Ministry of Health on the 13th February that the s.s. *Merkara* had landed two cases of Smallpox at Aden and was proceeding to Plymouth. On the 17th February a wireless message was received from the ship to the effect that four cases of mild Smallpox had developed on

the 16th. The vessel arrived on the 20th and all due precautions were adopted. The four cases were deemed to consist of two Chicken-pox and two doubtful non-infectious rash. Nevertheless the vessel was treated as a Smallpox ship, the entire crew was inspected and names and addresses of passengers landing were ascertained and information sent to the Medical Officers of the districts to which they were proceeding. In view of the diagnosis of Smallpox by the Aden Authorities a special Medical Officer was sent down to Plymouth from the Ministry of Health, and he concurred with the diagnosis as given at Plymouth.

m.v. Cheshire. A telegram was received from the Ministry of Health to the effect that the *m.v. Cheshire* from Marseilles, due at Plymouth on the 19th March, was reported by the Marseilles Authorities to have cases of Smallpox on board. The ship's surgeon however had diagnosed the disease to be Chicken-pox and the cases were still on board. The ship was visited immediately on arrival by myself and Dr. Peirson, and the whole of the Native and European crews were inspected. The actual cases were, in our opinion, typical Chicken-pox and were left on board. No further suspicious circumstances or developments were elicited, and accordingly the vessel was allowed to proceed direct to London. The Ministry of Health and the Port Medical Officer of London were informed as to the proceedings adopted at Plymouth.

s.s. Comorin. Information was received on the 30th May from the Ministry of Health to the effect that the *s.s. Comorin* arrived at Marseilles on May 27th and landed one female second-class passenger suffering from mild Smallpox. I visited the vessel immediately on her arrival at Plymouth on the 2nd June, in company with Dr. Mellows, the Assistant Port Medical Officer.

The ship's surgeon reported that a native fireman had presented himself on the 25th May and was suffering from a pustular rash distributed over the face, forehead, chest and back. The rash was in various stages from the vesicular to the pustular type. The fireman was removed to the Isolation Hospital and seen by another experienced doctor travelling as passenger. Both doctors agreed on the diagnosis of variola minor. The man ran a temperature of 101° for two days.

On arrival at Marseilles the Port Medical Officer agreed with

the diagnosis stated and the patient was removed to the shore Isolation Hospital and the quarters disinfected.

The whole of the crew and the vast majority of the passengers were vaccinated or re-vaccinated between May 25th and May 28th. No further cases developed during the voyage to Plymouth.

Measures taken at Plymouth.

White and native crews inspected.

Boarding officials kept down to a minimum.

Names of passengers and addresses to which they were proceeding, were taken and forwarded to the Medical Officers of Health concerned. The vaccinal history of the passengers landing at Plymouth was ascertained.

In course of the examination of the native crew one Lascar was found to have a small localised eruption on one shoulder and upper arm, with one or two isolated spots on the back. This case was thoroughly investigated, and in our opinion the case did not present the characteristics of variola, but under the circumstances I thought it advisable to order isolation during the rest of the voyage.

(1) & (2) ARRANGEMENTS FOR DETECTION AND NOTIFICATION
OF INFECTIOUS DISEASE OF INWARD VESSELS.

Information regarding the occurrence of infectious disease on inward vessels is derived from the following sources, viz. :—

(i) *Ministry of Health.*

(a) The Port Sanitary Authority is kept informed as to the incidence and occurrence of Infectious Diseases in home and foreign ports by a weekly record received from the Ministry of Health. A special watch is kept with regard to vessels arriving from such ports.

(b) The Port Sanitary Authority is notified specially by the Ministry of Health when the latter receive any information through international channels, of a vessel leaving a foreign port for Plymouth and having landed or having aboard cases of a major infectious nature.

(ii) *Pilots.*

At Plymouth, where pilotage for the passenger boats is compulsory, apart from giving instructions concerning local routine and the quarantine moorings, the pilots cannot render much assistance. Usually, the tenders leave the shore for the mailboat anchorage before the pilot has boarded the vessel outside the breakwater.

Coastal boats more frequently use an inside pilot.

A list of infected ports is sent to the Trinity Pilots periodically for their information.

(iii) *Wireless.*

Most mailboats wireless ahead to the shore station at Land's End the approximate time of their arrival and as to the state of health on board. The information is received by the agents, who communicate with the Port Sanitary Authority. The information is generally reliable. Printed forms, in accordance with the Ministry of Health's scheme for wireless messages, are supplied to all vessels calling at the Port. The forms request wireless notification regarding infectious disease.

(iv) *His Majesty's Customs.*

A list of infected ports is issued by this department approximately every month, with a request that vessels arriving from such ports be detained by the Customs Officer for examination by the Port Medical Officer and Inspector.

All cargo vessels are visited immediately after arrival by the Customs officers, who report to the Port Sanitary Authority any cases of sickness. This service, willingly performed by officers of the Customs Waterguard, is of great assistance for the taking of prompt action in the case of infectious disease on cargo vessels.

(v) *Other Boarding Officials.*

Through working in close harmony with the other boarding officials, the Medical Officer learns occasionally, through the media of the Immigration Department, Press representatives, and the Scotland Yard officials, of sickness otherwise not

reported. Two instances of this occurred during the year and were specially investigated and dealt with.

(vi) *Naval Health Authorities.*

Complete co-ordination exists between the Naval Health Authorities and the Port Sanitary officials. Weekly notifications of infectious diseases occurring in the Port are interchanged between the two departments. As sick naval ratings from foreign stations are frequently landing from mailboats, this co-ordination is of great advantage to the efficient working of both Naval and the Port Sanitary staff.

(3) WHAT VESSELS ARE BOARDED ON ARRIVAL, BY WHOM,
WHERE AND HOW.

All mailboats and passenger vessels are boarded by the Port Medical officers as soon as they arrive. As these vessels come to anchor, either in Cawsand Bay or in the Sound, the Medical Officers go out usually with the tenders and use the Port Sanitary launch for transferring to other vessels, if necessary. The customary procedure in this Port is for the Port Medical Officer to accompany the Boarding Officer of His Majesty's Customs up the gangway and listen to the replies given by the ship's surgeon to the regulation health questions put by the Customs Officer. The Medical Officer then proceeds to investigate any case of reported sickness before the other shore officials go on board, and takes action appropriate to his findings and to the disease in question. If no case of infectious disease is reported and the Boarding Medical Officer is satisfied that all is well, the other shore officials follow and board immediately from the tender.

Cargo vessels entering the Port are boarded by an Officer of Customs, and as soon as possible afterwards by the Inspector. These vessels thus receive interrogation from three sources, viz., the Pilot (if any), Customs Officer and the Port Sanitary Inspector, who, in addition to interrogation, inspects the vessel and crew's quarters for any possible concealment of illness. Any suspicious circumstances are reported to the Medical Officer.

(4) ARRANGEMENTS FOR DISPOSAL OF CASES OF INFECTIOUS DISEASE
AND FOR OBSERVATION OR SURVEILLANCE OF CONTACTS.

For purposes of administration and disposal, the infectious

diseases fall into four groups :—

- Group 1. The major infectious diseases ;
- Group 2. The notifiable infectious diseases ;
- Group 3. The minor infectious diseases ;
- Group 4. The minor infectious diseases not requiring isolation.

Group 1 comprises Cholera, Plague, Smallpox, Typhus Fever and Yellow Fever. Such cases are transferred in the motor launch *Golden Hind* from the vessels to the shore and are then taken by motor ambulance to the isolation hospital at Lee Mill and there detained until deemed no longer infectious. All persons on board are regarded as contacts, watched and examined daily during their stay in the Port. When there are passengers landing, their names and addresses are taken and forwarded to the Medical Officer of Health of the district to which they are proceeding, so that they may be kept under observation until the quarantine period has elapsed. All parts of the ship liable to harbour infection, and together with bedding and clothing, are disinfected, and the vessel is then allowed to proceed.

In case of Smallpox, vaccination is offered to everyone. De-lousing of Typhus Fever contacts is undertaken at one of the City isolation hospitals.

Group 2, for which accommodation is normally provided in the City hospitals, comprises Acute Polio-encephalitis, Acute Polio-myelitis, Cerebro-Spinal Fever, Continued Fever, Diphtheria (including Membranous Croup), Dysentery, Encephalitis Lethargica, Enteric Fever, Paratyphoid Fever, Puerperal Fever, Relapsing Fever, Scarlet Fever and Tuberculosis. Cases suffering from Tuberculosis may be accommodated at the Corporation hospital at Mount Gold. The remainder of these diseases are taken into the Isolation Hospital at Swilly, or the City General Hospital.

Group 3, for which no accommodation is provided normally, but nevertheless requires isolation, comprises Chicken-pox, Erysipelas, Insanity, Measles and German Measles, Mumps, Ophthalmia Neonatorum and Whooping-Cough. As a rule these cases are not taken into the City isolation hospitals. The Company's Agents are required to make arrangements for isolation locally in a nursing home, private house or infirmary for such cases.

Group 4, although infectious, requires no isolation, and individuals must make their own arrangements for treatment. This miscellaneous group includes Acute Influenzal Pneumonia, Acute Primary Pneumonia, Favus, Influenza, Malaria, Ringwork, Scabies, Trachoma, and Venereal diseases (admitted to the Venereal Department at the South Devon and East Cornwall Hospital).

(5) ARRANGEMENTS FOR DISINFECTION OF INFECTED QUARTERS,
BEDDING, CLOTHING, ETC.

When cases of infectious disease are removed from ships in the motor launch *Golden Hind* to hospital ashore, the quarters on board and later the cabins of the *Golden Hind* are disinfected with sulphur dioxide from canisters, or sprayed with formalin. Clothing, bedding, etc., is conveyed by ambulance to the City Isolation Hospital at Swilly, where a Washington Lyons high-pressure apparatus is available.

Crews' quarters are frequently sprayed with solution "D" or fumigated with "sulphume" for the destruction of vermin.

(6) ARRANGEMENTS FOR CLEANSING OF PERSONS.

Arrangements are made for the cleansing and delousing of dirty or verminous persons at the Swilly Isolation Hospital.

(7) ARRANGEMENTS FOR AMBULANCE TRANSPORT.

Cases of infectious disease are brought ashore in the Authority's launch, transferred into the motor ambulance of the City Health Department and then removed to one of the isolation hospitals.

(8) ARRANGEMENTS FOR DETECTION AND TREATMENT OF
VENEREAL DISEASE AMONGST SAILORS.

All ships coming into the docks are boarded by the Port Sanitary Inspector in the course of his duty, and while making enquiries about sickness on board, he supplies, where necessary, any information concerning Venereal Diseases and pamphlets, giving the times and days of the clinics at the South Devon and East Cornwall Hospital.

(9) ARRANGEMENTS FOR BACTERIOLOGICAL EXAMINATION OF RATS.

These examinations are carried out by the City Pathologist.

(10) ARRANGEMENTS FOR OTHER BACTERIOLOGICAL
EXAMINATIONS.

These include investigations such as water samples, sewage effluents and oysters. Throat swabs and other clinical material, together with the above, are examined for the Authority by the City Pathologist.

TABLE C.

**CASES OF INFECTIOUS SICKNESS LANDED FROM
VESSELS.**

<i>Disease.</i>	<i>Cases during 1932.</i>		<i>Average No. of cases for previous 5 years.</i>	<i>No. of Vessels concerned.</i>
	<i>Passengers</i>	<i>Crew.</i>		
Enteric Fever ..	1	—	.4	1
Dysentery	2	—	1.4	2
Pulmonary Tuber- culosis	34	—	11.8	17
Other Forms Tuber- culosis	2	—	1.6	2
Malaria contracted abroad	7	—	10.4	7
Chicken-pox ..	1	2	4.4	2
Measles	1	—	4.6	1
Venereal Diseases ..	1	—	8.2	1
Influenza	10	1	2.2	2
Blackwater Fever ..	2	—	0.8	2
Dengue Fever ..	1	—	—	1
Scabies	—	1	—	1
TOTALS ..	62	4	—	39

TABLE D.

**CASES OF INFECTIOUS SICKNESS OCCURRING ON
VESSELS DURING THE VOYAGE BUT DISPOSED OF
PRIOR TO ARRIVAL.**

<i>Disease.</i>	<i>Cases during 1932.</i>		<i>Average No. of cases for previous 5 years.</i>	<i>No. of Vessels concerned.</i>
	<i>Passengers</i>	<i>Crew.</i>		
Smallpox	—	3	3.2	2
Enteric	4	4	4.6	8
Pneumonia	6	4	11.4	8
Dysentery	4	5	6.2	6
Erysipelas	1	—	.6	1
Pulmonary Tuber- culosis	6	2	10.6	7
Malaria contracted abroad	3	2	23.2	5
Chicken-pox	—	5	5.6	2
Measles	3	2	7.6	4
Venereal Diseases ..	—	15	10.0	8
TOTALS ..	27	42	—	51

PLAGUE, CHOLERA, YELLOW FEVER AND TYPHUS FEVER.

No cases of these diseases occurred on ships coming into the Port. Strict surveillance was kept on all vessels arriving from "infected" or "suspected" ports.

V. MEASURES AGAINST RODENTS.

(1) *Steps taken for the Detection of Rodent Plague.*

(a) *In ships in the Port.* Ships from "Infected Ports" are subjected to close enquiries by the Medical Officers and Inspector. Dead rats recovered during the working of the cargo are seized by the rat-catchers or stevedores and examined and dissected by the Port Medical Officers. A large percentage of the carcasses are sent to the City Pathologist for detailed microscopical examination. Vessels, other than those from "Infected Ports," reporting mortality among rats are also subjected to constant surveillance by the Inspector and rat-catchers. Traps and dogs are used by the rat-catchers on these vessels daily during their stay in port. All rats, whether found dead or trapped, are submitted for inspection each day.

(b) *On Quays, Wharves, Warehouses, etc., in the Vicinity of the Port.* Frequent and in many cases, daily, visits were made to warehouses during the year for the purposes of ascertaining the rat prevalence and the condition of the rat population. Rats found killed, and trapped, or poisoned by the rat-catchers were brought to the office and examined by one of the Medical Officers. No cases of rodent plague was detected during the year 1932.

For further details of rats destroyed, see Tables E, F, G, H and I.

(2) *Measures taken to prevent the Passage of Rats between Ships and the Shore.*

All vessels calling at the Port to discharge cargoes of grain or any other goods from infected ports are dealt with under the Plague and Cholera Regulations, 1907, and the Rats and Mice (Destruction) Act, 1919.

On 28 vessels arriving at Plymouth from plague "infected"

or “suspected” ports, printed precautions were issued and the requirements carried into effect, viz. :—

- (1) Ship to be moored not less than six feet from quay.
- (2) Gangways to be removed at night.
- (3) Protectors to be fixed on all hawsers from ship to shore.
- (4) Or hawsers frapped with canvas and freshly tarred every night.

The Inspector makes daily visits to see that these requirements are complied with.

(3) *Methods of Deratisation.*

(a) *On ships.* No attempt is made to deal with rats on mail-boats during their brief stay offshore in the Port.

The rat-catchers, with the aid of traps, dogs, and poison baits, endeavour to destroy rats on vessels remaining in the Port. Fumigation is resorted to only in exceptional degrees of rat infestation. An arrangement exists whereby a London firm undertakes to do this at short notice.

(b) *Premises in the Vicinity of Docks or Quays.* Measures taken under this heading include the use of traps, dogs and poison baits. In addition, several owners place cats in their warehouses. Baits used include phosphorous paste and barium carbonate.

During the year a more intensive campaign was conducted against the rodent population.

(4) *Measures taken for the detection of Rat Prevalence in Ship and on Shore.*

Rat prevalence is estimated by consideration of a number of factors, and consequently the Inspector and the rat-catchers are instructed to take cognizance of the following findings while inspecting holds and warehouse.

- (a) The number and condition (recent or remote) of droppings.
- (b) The number and condition (recent or remote) of runs and nests.
- (c) The damage done by gnawing to stores, building structures, bulkheads, boats, etc.

Dunnage and other harbourage material are disturbed and turned over whenever possible. When, from consideration of the

reports of the rat-catchers, it is deemed that infestation of any warehouse is excessive, intensive "rat drives" are made.

(5) *Rat Proofing.*

(a) *To what extent are Docks, Wharves, Warehouses, etc., Rat Proof?*

The Great Western Railway, as usual, have maintained their stores in a cleanly condition, painting and limewashing being effected where necessary.

(b) *What action taken to extend Rat Proofing?*

ON SHORE.

Most of the principal warehouses have concrete floors, although in the Great Western Docks many old wooden ones still exist. In the course of the year very little has been done to improve the flooring of warehouses owing to the prevailing need for economy. The condition of the individual warehouse remains much the same as reported under this section of the Report for 1930.

s.s. *Porsanger*. The Norwegian steamship *Porsanger*, gross tonnage 4,266, arrived at this Port on August 16th with a cargo of grain from Rosario, South America.

The ship was boarded by the Port Sanitary Inspector and the Captain reported no sickness on board. According to customary routine the Department's rat-searcher attended the ship during unloading and found evidence of rodent infestation in every compartment. In course of the next few days 160 black rats were destroyed by traps, baits and dogs.

In view of the degree of rat infestation on the ship, it was decided that the number of rats was not kept down to a minimum, and therefore that the ship be deratised.

Considerable opposition was encountered to the wishes of the Port Sanitary Authority, and owing to this unsatisfactory state of affairs further representations were made to the local agents. They were informed that the *Porsanger* would not be allowed to remain alongside in this Port in view of her degree of rat infestation. After further discussion the Owners agreed to fumigation.

Fumigation was carried out by cyanide method on the 2nd September, by a London firm, and an additional 100 black rats were recovered.



TABLE G.

PARTICULARS RELATING TO PLAGUE "INFECTED" OR "SUSPECTED" VESSELS ARRIVING
IN THE PORT DURING 1932.

Name of Vessel. 1.	Date of Arrival. 2.	Whether "Infected" or "Suspected." 3.	Methods of Rat Destruction Employed. 4.	Number of dead Rats recovered. 5.	Whether a Certifi- cate of Deratization was issued? 6.	Remarks. 7.
—	—	—	—	—	—	—

TABLE H.

MEASURES OF RAT DESTRUCTION ON VESSELS FROM PLAGUE-INFECTED PORTS (OTHER THAN
THOSE INCLUDED IN TABLE G) ARRIVING IN THE PORT DURING 1932, AND NUMBER OF CERTIFICATES
ISSUED IN RESPECT OF SUCH VESSELS.

Total Number of Vessels arriving from Plague infected Ports. 1.	Number of such Vessels fumigated by S.O.2. 2.	Number of Rats killed. 3.	Number of such Vessels fumigated by H.C.N. 4.	Number of Rats killed. 5.	Number of such Vessels on which trapping, poisoning, etc., were employed. 6.	Number of Rats killed. 7.	Number of such Vessels on which measures of Rat destruction were not carried out. 8.	No. of FUMIGATION CERTIFICATES ISSUED ON FORM "PORT II."		Number of other Certificates issued. 11.
								Deratisa- tion. 9.	Exemption. 10.	
23	—	—	1	100	23	346	—	1	—	—

TABLE I.

MEASURES OF RAT DESTRUCTION ON VESSELS (OTHER THAN THOSE INCLUDED IN TABLES G
AND H) AND NUMBER OF CERTIFICATES ISSUED IN RESPECT OF SUCH VESSELS DURING 1932.

Number of Vessels fumigated by S.O.2. 1.	Number of dead Rats recovered. 2.	Number of Vessels fumigated by H.C.N. 3.	Number of dead Rats recovered. 4.	Number of Vessels on which trap- ping, poisoning, etc., were employed. 5.	Number of dead Rats recovered. 6.	NUMBER OF CERTIFICATES ISSUED ON FORM "PORT II."		Number of other Certificates issued. 9.	Remarks. 10.
						Deratisation. 7.	Exemption. 8.		
—	—	1	—	2	7	1	32	—	—

TABLE E.

RATS DESTROYED DURING 1932

I. ON VESSELS.

<i>Number of</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Total</i>
Black Rats ..	29	25	—	—	107	2	3	163	105	2	18	—	454
Brown Rats ..	—	3	—	—	—	7	—	—	—	1	—	—	11
Species not recorded ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Rats examined ..	7	4	—	—	8	5	—	22	—	—	4	—	50
Rats infected with Plague	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE F.

II. IN DOCKS, QUAYS, WHARVES AND WAREHOUSES.

<i>Number of</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Total.</i>
Black Rats ..	92	20	20	16	23	2	25	2	3	24	26	17	270
Brown Rats ..	133	187	174	252	233	193	191	170	185	188	187	134	2,227
Species not recorded ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Rats examined ..	8	18	10	6	7	8	4	3	4	10	4	7	89
Rats infected with Plague	—	—	—	—	—	—	—	—	—	—	—	—	—

MEDICAL WORK UNDER THE ALIENS ORDER, 1920, AND AMENDMENT DATED 1930.

The number of aliens landed at this Port during the year was 10,281, in addition to 66 alien seamen ; all of whom were either medically inspected or examined ; 245 were subjected to detailed examination for various reasons. Those staying for more than three months were treated as immigrants and subjected to more careful medical examination, so that no alien should be permitted to land who, by reason of physical or mental infirmity might become a burden or charge upon the community. It was not found necessary to issue any certificates of complete refusal to land. It is interesting to observe that two aliens arrived by air from Dublin in June. The Port Medical Officers' duties include inspection of aliens arriving in the City by air, and the landing and inspection constituted the first activity of the Port Sanitary Authority in this connection.

The economic stress in the U.S.A. has resulted in a flood of deportees and " removals " from that country. The co-operation of the Medical Inspectors with the Immigration Officers has been particularly requested to ensure that these people are *bona fide* British subjects. This is a matter of considerable importance to the Port of landing, inasmuch, that these deportees are mostly " unemployables " and liable to become chargeable to public funds.

As an instance of this, the case of a Scottish deportee some eight years ago is still on the hands of the ratepayers as an inmate of the local mental hospital at Blackadon. Detailed information as to the inspection work carried out in the Port is set out in Table L.

TABLE L.

MEDICAL INSPECTION OF ALIENS. PORT SANITARY DISTRICT OF PLYMOUTH.
YEAR ENDED DECEMBER 31st, 1932.

	Total.	Number inspected by the Medical Inspector.	Number subjected to detailed examination by the Medical Inspector.	CERTIFICATES ISSUED.					TRANSMIGRANT	
				Lunatic Idiot or M.D.	Undesirable for Medical Reasons.	Physically Incapacitated.	Suffering from acute Infectious Disease.	Landing necessary for adequate Medical Examination.	Verminous.	Trachoma Favus, etc.
				(a)	(b)	(c)	(d)	(e)		
(a) Total number of Aliens (excluding Alien Seamen) landing at the Port ..	9,632	9,427	205	—	—	—	1	—	—	—
(b) Aliens refused permission to land by Immigration Officer ..	—	—	—	—	—	—	—	—	—	—
(c) Transmigrants ..	649	609	40	—	—	—	—	—	—	—
Total Aliens arriving at the Port	10,281	10,036	245	—	—	—	1	—	—	—

Also 66 Alien Seamen, 61 inspected and 5 examined.

- (a) Total number of vessels carrying Alien Passengers 619
(b) Number of such vessels dealt with by the Medical Inspector .. 619

TABLE A.

	Total.
Analysis of Aliens landing [see 1 (a)].	
Residents Returning	170
In Transit	548
Visitors	7,707
Business	603
Diplomatic	127
Seamen	65
Contract Seamen	1
Ministry of Labour Permit (M.L.):—	
(a) Males	67
(b) Females	47
(c) Children	7
Aliens coming to settle, not holding M.L. Permits:—	
(a) Males	195
(b) Females	121
(c) Children	40
Total	9,698

TABLE B.

Classification of Aliens referred to the Medical Inspector by the Immigration Officer for detailed examination:—	Examined.	No. of certificates issued.
(i) holding Ministry of Labour permits	45	—
(ii) intending to take up employment and remain in the country over three months	15	—
(iii) intending to make their home in this country ..	34	—
(iv) students coming for educational purposes ..	32	—
(v) in regard to whom there is any mention of health as a reason for their visit	6	—
(vi) who appear to the I.O. (a) not to be in robust health; (b) to be mentally or physically abnormal or sub-normal; (c) to be dirty in their person, or (d) are selected for special reasons	108	1
(vii) seamen travelling as passengers	10	—

BATHING POOLS AND PURITY OF THE WATERS OF THE PORT.

The bathing pools on the foreshore are of two kinds :—

(1) *Open Pools*—namely, Needles, Tinside, Tin sheds, Promenade Pier, and certain stretches of beach under the Pier, at Rusty Anchor, Firestone Bay, Jennycliffe Bay and Bovisand.

The water in these, being part of the flowing sea, is liable to gross pollution from near-by sewers when tide and wind so favour. The water is more or less pure sea-water, except on the last half of the ebb-tide, or when the southerly winds prevail, when all but Bovisand Bay becomes filled with sewage.

(2) The second group consists of *Closed Pools*, into which clean water is admitted at high tide and held until the next high tide, thus avoiding contamination from the sewage effluents which are discharged into the ebbing tide. In this group are Mount Wise Baths, the Ladies' Basin and the Men's Basin.

The addition of chloride of lime to the water at Mount Wise is a further precaution. In the Summer, these baths are crowded, but even so the colon bacillus has never been found in less than 1 cubic centimetre of water.

Frequently samples are taken of the waters along the foreshore and in the bathing pools. *Bacillus coli* were occasionally found to be present in one-tenth of a cubic centimetre in certain pools, but in the main the presence of *B.coli* could not be detected in 5 cubic centimetres of water.

OYSTERS.

During the year visits were made to the beds of the Yealm Oyster Fisheries, Ltd., which are situated near Steer Point on the River Yealm. The approximate number of oysters in stock on the beds in December, 1932, was 160,000, and in the course of the year 70,000 were laid down for replenishing purposes. The content of the beds was satisfactory, and bacteriological examinations of samples taken from time to time revealed no traces of pollution.

MISCELLANEOUS.

An interesting sideline of the varied activities of this Department is evidenced by the landing in the Port from time to time, under the instruction of the Ministry of Health, of cases of live mosquitoes. These insects are infected with Malaria and are used at the Malarial Laboratory of the Ministry of Health for treatment of patients suffering from General Paralysis of the Insane. Three such consignments were dealt with by the Medical Officers during the course of the year.

SANITARY.

Out of a total number of 3,283 vessels arriving at the Port during 1932, 1,408 were visited by the Sanitary Inspector.

TABLE J.

HYGIENE OF CREWS' SPACES.

Nationality of Vessel.	Number inspected during 1932.	Defects of original construction.	Structural defects through wear and tear.	Dirt, vermin and other conditions prejudicial to health.
British	1475	—	7	230
Other Nations ...	519	—	5	42

TABLE K.

DETAILED LIST OF SANITARY DEFECTS FOR THE YEAR.

During the year 27 vessels were found to be in an insanitary condition, the following defects being notified to the Masters, Owners or Agents :—

<i>No. of Defects</i>	<i>Nature of Defects.</i>
1	Ashes to be removed from deck.
4	Bakery to be disinfested of cockroaches and bugs.
15	Bunks to be scrubbed and cleansed.
44	Bunks to be painted.
1	Bilges to be pumped out and cleansed.
1	Clothes to be removed from bunks and stored in lockers.
13	Crews' quarters to be painted.
9	Crews' quarters to be scrubbed and cleansed.
17	Crews' quarters to be disinfested of bugs.
6	Cubicles sprayed for the destruction of cockroaches.
14	Cabins to be disinfested of bugs.
1	Decks to be scrubbed and cleansed.
1	Food to be removed from bunks and stored in lockers.
12	Fo'c'sles to be fumigated for cockroaches and bugs.
4	Galleys to be disinfested of cockroaches.
38	Lockers to be cleansed and painted.
2	Messrooms to be cleansed.
2	Messrooms to be disinfested of bugs.
1	Messrooms to be painted.
63	Mattresses to be fumigated.
1	Powder laid for the destruction of cockroaches.
1	Port to be made tight.
5	Port lights to be renewed.
1	Set bedding to be fumigated.
1	Vessel to be fumigated for rats.
5	Ventilators to be made workable.
4	Water closets to be fumigated for cockroaches.
1	Water closet to have side lights inserted.
1	Water closet vent to be replaced by new.
12	Water closets to be scrubbed and cleansed.
3	Water closets to be painted.
284	

There were 27 vessels on which sanitary defects were found, and in six instances an informal notice was issued, the remainder were dealt with verbally and remedial measures effected in our presence and under our instructions. There is a tendency towards general improvement in the cleanliness and layout of crews' quarters. The usual precautions were taken in advising other Ports when defects to be remedied had not been fully executed before the vessel left Plymouth, and on occasion we have received reciprocal intimations.

Food Boats. Boats used for the transport of foodstuffs within the precincts of the Port, e.g., Millbrook to North Corner and Victoria Wharves to Calstock, have been examined, and in one case it was necessary to serve an Informal Notice upon the Owner requesting him to have the vessel cleansed and to issue instructions for regular periodical cleansing.

Houseboats. Houseboats in the Port have been visited. One complaint was received in respect of a houseboat laying on Corporation land below high water mark, but on inspection it was found that all sanitary arrangements were satisfactory.

Sewage Tanks. Arising from a number of complaints of foul smells at the Great Western Docks, it was found that the Corporation sewage containers were leaking through the stone walls, which also act as the quayside. Representations were made both to the Corporation officials concerned and to the Manager of the Great Western Docks, and remedial measures carried out.

Fresh Water Tanks. On nine of the vessels laid up at the Port the water tanks have been inspected, samples taken and bacteriologically examined and proved satisfactory. Samples from the water boat *Ela* have also proved to be in order.

Deratisation. In May of 1932 Plymouth became an Approved Port under the Deratisation of Ships Regulations, and during these eight months 34 certificates were issued. The issuing of the Certificates has meant much increased work. The vessels have to be thoroughly examined at first for traces of rodent infestation and an opinion formed as to the number present or otherwise by signs of droppings, gnawings, runs, etc. Where very few, or no rats are found, an Exemption Certificate is issued. When a number of rats are found, the Agents are notified, and must make arrangements for fumigation with an outside firm. Two such fumigations were supervised by myself, one at Plymouth and one at Dartmouth.

Vessels from "Suspected" Ports. There were 23 vessels arriving from "infected" or "suspected" ports. Plague notices were issued on each of these vessels and the usual rat precautions taken.

The Great Western Railway Company were written concerning certain defects at the Plymouth Docks, and as a result the old

wooden floor of one has been replaced by concrete ; and a channel with wooden covers which ran the whole length of the west wharf has been filled in with tarred stone, same having been found to be a serious rat harbourage.

PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS.

During 1932 there were 724 vessels dealt with under these Regulations, 353 from foreign ports and 371 coastwise. The total amount of foodstuffs voluntarily surrendered and condemned as unsound, unwholesome and unfit for human consumption was 242 tons.

The introduction of tariffs in early 1932, adversely affected the importation of strawberries and green peas, only 1,200 tons being landed, as compared with 3,500 tons in 1931.

In the first few months Germany sent some 3,000 tons of potatoes to Plymouth. As a result the market became overloaded and about 200 tons were subsequently condemned (for pigs' food only), having become rotted and grown. Owing to the presence of Colorado beetle in France, there were no shipments of potatoes from that country.

One sample of raspberry pulp was taken during the year under the Preservatives in Food Regulations, and the result showed an absence of illegal preservatives.

School Medical Service

School Medical Service

Members of the Education Committee :—

Chairman, Alderman McDonald.

Vice-Chairman, Alderman Dymond.

Aldermen Cornish and Weston.

Councillors Axworthy, Bastard, Campbell, Crimp, G. A. Daymond, Dean, Jolly, Lander, Lavelle, Mason, Mayne, Morgans, Pettett, (Mrs.) Pook, Priest and Rogers.

Lady W. H. Mounstephen, Mrs. A. L. Rothwell and Miss F. M. Holland

The Rev. T. D. Thomas.

Messrs. C. W. Bracken, A. F. Chubb, B. Fee, W. J. S. Morrell, N. J. Revington and W. H. Trant.

Members of the Medical Treatment Sub-Committee :—

Chairman, Councillor Campbell.

Councillors Axworthy, Crimp, G. A. Daymond, Lander, Morgans, (Mrs.) Pook and Rogers.

Lady W. H. Mounstephen ; Messrs. A. F. Chubb, N. J. Revington and W. H. Trant.

STAFF OF THE SCHOOL MEDICAL SERVICE.

Medical—whole-time :—

T. Peirson, M.D., M.R.C.S., D.P.H., School Medical Officer.

J. W. E. Cole, M.A., M.B., D.P.H., Deputy S.M.O.

H. Smith, L.R.C.P., M.R.C.S., Assistant S.M.O.

Georgina R. Hatcher, M.B., Assistant S.M.O.

Dental Surgeons—whole-time :—

E. R. Williams, L.D.S., R. H. Forrest, L.D.S., Miss A. M. N.

Stewart, L.D.S., Miss N. Johnson, B.D.S.

Medical—part-time :—

Aural Specialist, C. R. Crowther, M.D., B.CH.

Ophthalmologist, W. H. Davis, L.R.C.P., M.R.C.S.

Orthopædic Surgeon, C. M. Kennedy, F.R.C.S.

Nursing Staff :—

9 School Nurses, 4 Dental Nurses and 1 part-time Eye Clinic Nurse.

3 Masseuses at Orthopædic Clinics.

SCHOOL MEDICAL SERVICE.

Number on Elementary School Register	..	..	29,943
Average number attending	..	..	26,736

CO-ORDINATION.

The School Medical Officer is also the Medical Officer of Health.

The Tuberculosis Officer forwards weekly to the School Medical Department reports and recommendations, so far as education and treatment under the School Medical Service is concerned, of all the children who come before him.

The Venereal Officer reports on all those children who are sent to him by the Assistant School Medical Inspectors.

Anti-diphtheria inoculation is done in the schools by a member of the Public Health Staff, the arrangements for his visits being made through the School Medical Office.

Cards of children who have been attending the Infant Welfare Department are forwarded to the School Medical Office as the children come of school age. They are sorted and selected cards are sent to the schools for attachment to the school cards.

SCHOOL BUILDINGS.

The following list of improvements in school buildings, apart from repairs, decoration and furniture fittings, has been supplied by the Education Secretary :—

Boys' High School.	Replaced the worn out central heating boiler by a new eight section sectional heating boiler.
Secondary School for Girls.	Replaced old gas cooker in kitchen by a new gas cooker on hire.

Girls' High School.	Constructed a serving hatch in the wall of the kitchen.
Stoke Damerel.	Replaced the automatic flush cisterns in the basement playground lavatories by instantaneous pull flush cisterns.
Plymouth Art School.	Extended cloakroom accommodation by supplying and fixing rails and 30 hat and coat pegs.
Camel's Head.	Laid all new drains to the Infants' W.C. block.
Cattedown Road Senior Boys.	Improved urinal by removing old slate divisions.
East Street.	Replaced the old defective valve closet in the Head Teacher's room, Girls' Department, by a new pedestal pan and flush tank.
Ford Junior Mixed.	Supplied and fixed additional hat and coat pegs in staff room.
Hyde Park Girls.	Reconstructed the cloakroom.
Hyde Park Infants.	Reconstructed the cloakroom.
Ker Street Infants.	Improved gas lighting in Room 8 by supplying and fixing a three cluster high power burner.
Montpelier Mixed.	Improved the heating in Room 7 by supplying and fixing an additional hot-water coil radiator.
Mount Tamar Open Air.	Closed in the Eastern Gable End of the Rest Shed, and fixed two extra roof skylights. Fixed in the Rest Shed one additional combustion stove.

Mount Street Mission Hall.	<p>Purchased these premises and adapted them for use as a Physical Training Centre, during the daytime, and for letting in the evenings, by carrying out the following :—</p> <p>Installing electric lighting.</p> <p>Installing gas fire and gas boiler.</p> <p>Internally decorating the premises.</p> <p>Carrying out miscellaneous repairs.</p>
Prince Rock Senior Boys.	<p>Altered cloakroom partition. Replaced the worn out central heating boiler by a new eight section sectional heating boiler.</p>
Prince Rock Field.	<p>Fitted up a chemical closet W.C.</p>
Tamar Central.	<p>Supplied on hire a large gas cooker for warming dinners.</p> <p>Supplied 7 trestle tables for Boys' dining room.</p>

See also M.O.H. report, page 59.

MEDICAL INSPECTION.

No alteration has taken place in the arrangements for the routine medical examinations in schools.

The age groups as prescribed by the Board have been inspected and the Board's Schedule of Medical Inspection has been followed.

TABLE I

ELEMENTARY SCHOOLS.

RETURN OF MEDICAL INSPECTIONS FOR THE YEAR
ENDED 31st DECEMBER, 1932.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—			
Entrants .. .. .	..	..	3,248
Second Age Group .. .. .	..	..	2,521
Third Age Group .. .. .	..	..	2,519
			8,288
Number of other Routine Inspections .. .. .	..	..	110
			TOTAL
			8,398

B.—OTHER INSPECTIONS.

Number of Special Inspections .. .. .	..	..	9,524
Number of Re-inspections .. .. .	..	..	13,258
			TOTAL
			22,782

TABLE II
ELEMENTARY SCHOOLS.

**A. RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1932.**

Defect or Disease. (1)						Routine Inspections.		Special Inspections.	
						No. of Defects.		No. of Defects.	
						Requiring Treatment. (2)	Requiring to be kept under observation but not requiring Treatment. (3)	Requiring Treatment. (4)	Requiring to be kept under observation but not requiring Treatment. (5)
Malnutrition						19	186	1	—
Skin	{	Ringworm—Scalp				2	—	31	—
		Body				3	—	124	—
	{	Scabies				11	—	139	—
		Impetigo				38	—	236	—
Eye	Other Diseases (non-tuberculous) ..					53	44	652	2
	{	Blepharitis				24	13	37	—
		Conjunctivitis				4	1	64	—
		Keratitis				2	2	1	—
		Corneal Opacities				2	5	6	—
	Defective Vision (excluding Squint) ..					394	392	267	4
	{	Squint				101	152	50	2
		Other conditions				6	12	80	—
Ear	{	Defective Hearing				11	8	30	15
		Otitis Media				58	4	147	—
		Other Ear Diseases				89	6	168	1
Nose and Throat	{	Enlarged Tonsils only				268	764	84	—
		Adenoids only				43	45	41	1
		Enlarged Tonsils and Adenoids ..				104	46	52	—
Enlarged Cervical Glands (non-tuberculous)	{	Other Conditions				11	30	348	—
		Defective Speech				8	34	27	11
Heart and Circulation	{	Heart Disease :							
		Organic				3	61	5	2
		Functional				3	79	1	—
Lungs	{	Anæmia				2	31	18	—
		Bronchitis				23	27	65	—
		Other Non-Tuberculous Diseases ..				3	292	96	—
Tuber- culosis	Pulmonary :								
	{	Definite				—	—	1	—
		Suspected				1	12	6	—
	Non-Pulmonary :								
	{	Glands				—	—	4	—
		Spine				—	2	2	—
		Hip				—	1	1	—
		Other Bones and Joints				—	—	1	—
Nervous System	{	Skin				—	—	—	—
		Other Forms				—	—	—	—
		Epilepsy				—	2	14	1
		Chorea				—	1	7	—
Deformities	{	Other Conditions				—	15	5	1
		Rickets				1	31	—	2
		Spinal Curvature				8	5	5	—
Other Defects and Diseases (Excluding Uncleanliness and Dental Diseases)	{	Other Forms				16	87	45	2
						90	324	3,981	6

TABLE II
ELEMENTARY SCHOOLS.

**B. NUMBER OF INDIVIDUAL CHILDREN FOUND AT
ROUTINE MEDICAL INSPECTION TO REQUIRE TREAT-
MENT (EXCLUDING UNCLEANLINESS AND DENTAL
DISEASES).**

<i>Group.</i> (1)	<i>No. of Children.</i>		<i>Percentage of Children found to require treatment.</i> (4)
	<i>Inspected.</i> (2)	<i>Found to require treatment.</i> (3)	
<i>Code Groups.</i>			
Entrants 	3,248	540	16.6
Second Age Group ..	2,521	452	17.9
Third Age Group ..	2,519	395	15.7
Total (Code Groups) ..	8,288	1,387	16.7
Other Routine Inspections	110	20	18.2

A defect does not mean a permanently C 3 child. Seventy-five per cent of the defects found are Skin Disease, Defective Vision, Squint, Tonsils and Adenoids, and all these can be remedied by means of the Authority's Schemes for treatment.

INFECTIOUS DISEASES.

Scarlet Fever. The figures were above the average, especially toward the end of the year. There were well-marked outbreaks at East Street Infants' School and Hyde Park Boys', Girls' and Infants' Schools.

A Nurse was sent to the latter school (three departments) every morning for a month. She examined all children returning to school after absence and all children who appeared to be in any way poorly. Those found to be showing suspicious signs or symptoms were referred to the School Medical Officer at the Clinic. By these means some 30 children were discovered in school who were either actually suffering from Scarlet Fever or who having recently had an attack were still probably infectious. All these were excluded until their freedom from infection was beyond reasonable doubt. These measures were followed by a fall in the occurrence of new cases.

Diphtheria. During the year 771 children have completed their course of immunisation at the schools by one of the Staff of the Medical Officer of Health. 800 children commenced a course in 1932, and 408 of these were uncompleted at the end of the year.

In no school has the attendance figure fallen below 60 per cent due to the prevalence of infectious disease.

FOLLOWING UP AND NURSES' WORK GENERALLY.

There are six Nurses doing the routine duties of School Nurse.

Following up consists in (1) visiting the homes of children who as the result of routine examination at the schools or of special examinations at the Clinic, have been found to require treatment ; (2) visits to homes of children who were found at the Clinic to be

acutely ill and in need of immediate attention ; (3) visits to homes of excluded children who have failed to attend the Clinic as directed ; (4) visits to homes in connection with unclean conditions found by the Nurses at their routine Cleanliness examination ; (5) visits to homes in order to take swabs of contacts of diphtheria cases whose names have been 'phoned to the School Medical Office from the Medical Officer of Health's Office ; (6) taking these swabs to the Hospital for examination by the Bacteriologist.

Nurses attend the Clinics daily for half a session or less except 18, Princess Square, which is open all day during school hours. The Clinics are also open during school vacation.

Nurses attend most of the Doctors' examinations in Elementary Schools, but it has not been found possible for Nurses to attend schools previous to the Medical Inspection in order to take heights, weights, etc. As a rule such work is at present being done by the teachers.

Shortage of staff from time to time necessitates cutting down of these various duties. The daily Clinic duties would in such circumstances be the last to go.

Figures relating to the Nurses' work during the year are as follows :—

Visits in connection with—

Children seen at Clinics and Schools	..	3,248
Neglect (Cleanliness)	.. ..	167
Taking of swabs	.. ..	532
No. of swabs taken	.. ..	1,592
Visits to Hospital	.. ..	266
<i>Sessions.</i>		
Treatment and special Medical Inspection in Clinics	.. ..	1,709
Medical Inspection in Schools	.. ..	557
Routine Cleanliness Inspections in Schools	..	281

Further figures relating to the Nurses' work are given in Board of Education Table IV, Group 5.

TABLE IV.

Group V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (i.) Average number of visits per school made during the year by the School Nurses—4.2.
- (ii.) Total number of examinations of children in the Schools by School Nurses—71,572.
- (iii.) Number of children found unclean—5,556.
- (iv.) Number of children cleansed under arrangements made by the Local Education Authority—351.
- (v.) Number of cases in which legal proceedings were taken :—
 - (a) Under the Education Act, 1921 .. Nil.
 - (b) Under School Attendance Bye-laws .. Nil.

MEDICAL TREATMENT.

Minor Ailments. There are four Minor Ailment Clinics, one of which is an all-day Clinic. 53,832 attendances were made at these Clinics during the year. See Table IV, Group I.

Tonsil and Adenoid Operations. 230 of these operations were performed at the City Hospital during the year. The children stay two nights in Hospital unless a longer stay is required in any particular case. The arrangements have worked most satisfactorily. See Table IV, Group 3.

TABLE IV.
ELEMENTARY SCHOOLS.
RETURN OF DEFECTS TREATED DURING THE YEAR
ENDED 31st DECEMBER, 1932.

TREATMENT TABLE.

Group I.—MINOR AILMENTS (Excluding Uncleanliness, for which see Group V).

<i>Disease or Defect.</i> (1)	<i>Number of Defects treated, or under treatment during the year.</i>		
	<i>Under the Authority's Scheme.</i> (2)	<i>Otherwise.</i> (3)	<i>Total.</i> (4)
Skin—			
Ringworm—Scalp	27	4	31
Ringworm—Body	124	—	124
Scabies	130	9	139
Impetigo	234	—	234
Other Skin Disease	704	2	706
Minor Eye Defects— (External and other, but ex- cluding cases falling in Group II).	127	3	130
Minor Ear Defects	320	19	339
Miscellaneous— (e.g. minor injuries, bruises, sores, chilblains, etc.) ..	5,650	224	5,874
TOTAL ..	7,316	261	7,577

N.B.—Of the 27 cases of Ringworm Scalp, 6 were treated by X-ray.

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

Received Operative Treatment.										Received other forms of Treatment. (4)	Total Number Treated. (5)
Under the Authority's Scheme, in Clinic or Hospital. (1)			By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)			Total. (3)					
T.	A.	T. & A.	T.	A.	T. & A.	T.	A.	T. & A.			
98	26	105	17	8	23	115	34	128			
229			48			277				776		1053

Eyes. The Specialist attends the Eye Clinic four mornings weekly. The numbers dealt with are shown in the Table IV, Group 2.

Dr. Davis, the Ophthalmic Specialist, reports as follows :—

“ The general arrangements of the School Eye Clinic are working in a satisfactory manner.

“ The testing of vision, prescribing glasses, and checking of glasses after being supplied by the Optician, is the usual procedure at the Clinic. Minor external eye diseases are also treated.

“ I urge the parents personally, as well as by Nurse's visits and special letters, to allow a systematic re-examination of all cases of Myopia every twelve months. This, I am pleased to say, is having a very beneficial effect on the children, and in many cases the vision has decidedly improved ; also the parents are being convinced that such a procedure is in the interests of their children, and a very large number are grateful for such treatment.

“ To ensure the wearing of glasses and repairs of broken spectacles, much depends on the co-operation of the teachers.

“ I should like to lay stress on the early treatment of squint, and that the ignorant ideas of some parents that their children will grow out of the squint are being gradually removed.

“ I have operated myself on several children during the year at the Royal Eye Infirmary for various complaints. Of these operations some were for squint, and I am convinced that such operations must have a beneficial effect on children on leaving school to obtain employment.”

Group II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I).

<i>Defect or Disease.</i>	<i>Number of defects dealt with.</i>			
	<i>Under the Authority's Scheme.</i>	<i>Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme.</i>	<i>Otherwise.</i>	<i>Total.</i>
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint)	1,934	143	—	2,077
Other Defect or Disease of the eyes (excluding those recorded in Group I)	266	—	13	279
TOTAL . .	2,200	143	13	2,356

Total Number of Children for whom Spectacles were prescribed :—

(a) Under the Authority's Scheme	957
(b) Otherwise	131

Total Number of Children who obtained or received Spectacles :—

(a) Under the Authority's Scheme	857
(b) Otherwise	231

Ear Clinic. The Specialist attends one afternoon weekly. The figures are :—

Attendances	..	..	..	726
Treated by Ionisation	..	..	..	83

All cases in which doubt arises as to the need for Tonsil or Adenoid operation are referred to this Clinic.

The Aural Specialist reports as follows :

In 1932, 180 patients were examined at the Aural Clinic, and 83 ears were treated by ionisation. Of these 41 were cured, in the sense that all discharge ceased, and seven others, when they left off attending, were so nearly well that it seems probable that these also had been successfully treated. Not counting these, 21 were improved, in 14 there was no great change in the condition, seven ceased attending before any result could be registered, and two became worse. In each of these last, an aural polyp developed after initial improvement, and the patient was sent away for operative treatment.

Of those not treated by ionisation, most were cases of diseased tonsils or adenoids requiring operation, some were cases of slight otorrhea which cleared up with simple treatment or none, a few had catarrhal deafness and were treated by Politzer inflation. Other patients sent for diagnosis, were found unsuitable for treatment at the clinic and were referred elsewhere."

Dental Service As a temporary measure pending the appointment of additional dental surgeons the Authority have arranged (since September) for all schools to be inspected by the present dental staff (4). This means that each dentist has the care of about 7,000 children and will probably get through the inspection in about fifteen months. During 1932, 20,608 children were inspected in the schools, and 8,416 were treated out of 13,219 found to require treatment. The number of following-up visits made by the four dental nurses was 4,031.

Group IV.—DENTAL DEFECTS.

- (1) Number of Children who were :—
 (a) Inspected by the Dentist :
 Aged :

Routine Age Groups	5 ^{and} _{under}	3,028	}	Total	..	20,608
	6 ..	2,102				
	7 ..	2,095				
	8 ..	2,200				
	9 ..	2,407				
	10 ..	2,500				
	11 ..	2,359				
	12 ..	2,284				
	13 ..	1,051				
	14 ^{and} _{over}	582				
Specials	1,946
Grand Total						22,554

- (b) Found to require treatment .. 13,219
 (c) Actually treated 8,416

- (2) Half-days devoted to—
 Inspection 265
 Treatment 1,784 .. 2,049
- (3) Attendances made by children for treatment .. 15,823

(4)	Fillings—						
	Permanent Teeth	..	..	..	4,717		
	Temporary Teeth	..	..	..	1,970	..	6,687
(5)	Extractions—						
	Permanent Teeth	..	..	..	3,162		
	Temporary Teeth	..	..	..	15,852	..	19,014
(6)	Administrations of general Anæsthetics for extractions						5,282
(7)	Other Operations—						
	Permanent Teeth	..	..	..	1,165		
	Temporary Teeth	..	..	..	588	..	1,753

The Dental Surgeons report as follows :—

“ Oral Hygiene and the preservation of the teeth is our teaching and our aim.

“ Dental defect is by far the most widespread of all defects revealed by school inspection. An unclean and septic mouth is responsible for many of both the minor and major ailments to which the school child is subject.

“ The work of the Dental Clinics has proceeded on similar lines to previous years. The children in the schools are inspected once a year, to which inspection all the parents are invited to be present. After the child has been inspected the necessary treatment is explained to the mother and in nearly every case an appointment is given for the child to attend the Clinic. Very few parents who attend the Inspections refuse treatment. Those who are not present have to be informed of the treatment their children require. Much depends on the attitude of the Head Teachers, for in those cases where they show a lively interest the number of children receiving treatment is always good, and to them we tender our sincere thanks.

“ The Clinics are becoming very popular, and most of the children attending are very good. Everything is done to interest and amuse them whilst they are present so as to make the treatment as pleasant as possible. We make it a practice never to deceive a child in any way, but to explain beforehand what we intend to do and how it is going to be done.

“ One has constantly to reiterate the necessity of using the tooth brush regularly after each meal and especially the last thing at night.

“ The Nurses attached to the Dental Clinics have a considerable amount of clerical work and do missionary work visiting parents to encourage them to pursue the treatment of the children to the full extent necessary, and on them depend largely the success of the Clinics.

“ Since the opening of North Prospect Clinic the whole of the children attending the Elementary Schools have been allotted to one or the other Clinics, and are to be inspected regularly. This will reduce the number of casuals attending the Clinics and give more time for routine work.”

CRIPPLING DEFECTS AND ORTHOPÆDICS

TWO CLINICS.

There are three full-time orthopædic assistants.

Medical Examination of New Cases	..	61
Medical Examination of Old Cases	..	434
No. of treatments given	..	8,884

Most treatments are individual and half an hour is given to each. Others (flat feet, etc.) are dealt with in small Classes.

Plasters (moulds, jackets, splints, etc.)	..	202
New surgical boots	.. ..	161
Repairs to boots	.. ..	1,458
Leather repairs (to splints)	.. ..	322
New leather work (to splints, etc.)	..	255
Celluloid splints	.. ..	16
Visits to Homes	.. ..	17

During the year eight children were under treatment at Ivy-bridge Residential Orthopædic Hospital.

Open Air Education

Holiday Camps.

1,420 children were medically examined previous to going to the Summer Camp at Maker.

Day Open Air Schools.

<i>Mount Tamar.</i>	{	Average Number on Roll ..	165
		Average Attendance ..	128
		No. of Admissions ..	97
		No. of Discharges ..	94
<i>Efford.</i>	{	Average Number on Roll ..	158
		Average Attendance ..	121
		No. of Admissions ..	81
		No. of Discharges ..	83

The Assistant M.O. in charge has prepared the following account of the Residential Open Air School at Mount Tamar :—

“ *Accommodation.* There is accommodation at the school for 14 children. They sleep in three dormitories—the large one contains 7 beds, the smaller ones 4 and 3 beds respectively. One single-bedded room is kept as an Isolation Ward in case of illness.

“ The children are allowed home on leave after lunch on Sundays and return to school with the day scholars on the Monday morning. The residential school was closed during the August holiday.

“ *Routine.* The children get up at 7.40 a.m. After toilet they help with their beds and play until the daily children arrive. Breakfast is taken with all the other children at 8.45 a.m.

“ Dinner and Tea are served with the other children at 11.45 a.m. and 4.0 p.m., respectively,

“ After 4 p.m. the residents are allowed to play until 6 p.m. Then they are washed or bathed (each child has at least two baths weekly).

“ Supper is served at 7 p.m. They retire to bed at 7.30 p.m. and lights are put out at 8 p.m.

“ I have prepared a list giving the percentage standard weights of the boys on their entry to residence and on their discharge.

“ In order to explain this an example will be given. An average boy at the age of 8 weighs 54 lbs. If he weighs 48 lbs. he is approximately 90 per cent of standard weight. At the age of 9 the average weight is 60 lbs. If during that twelve months the boy has increased in weight to 57 lbs. he will then be 95 per cent of standard weight of his age, *i.e.* he has increased 5 points on the percentage of standard.

“ The weights given are worked out to percentages in months, *i.e.* to 9 years and 3 months or 10 years and 10 months, and so on.

“ This list shows the increase of the percentage figures to have been :—

“ *Increase*—9 in 1 case ; 8 in 1 case ; 6 in 3 cases ; 5 in 4 cases ; 3 in 1 case ; 2 in 4 cases ; 1 in 2 cases.

“ *Decrease*—of $\frac{1}{2}$ in 1 case ; of 1 in 1 case.”

A similar calculation has been made concerning 35 unselected children after a year's stay at the Day Open Air School.

Girls—

- | | | |
|-----------------------|---------|--|
| 1. An increase of 25. | Age. 9. | Stated by the mother to be nervous. Showed no signs of abnormal nervousness at the school. |
| 2. An increase of 16. | Age 9. | do. do. |
| 3. An increase of 11. | Age 10. | Ran a slight temperature for which no cause could be found all the time she was at the school. |
| 4. An increase of 9. | Age 8. | Admitted after an appendix operation ; otherwise healthy. |

5. An increase of 6.	Age 8.	A Tuberculosis contact, otherwise healthy.
6. An increase of 5.	Age 9.	A Suspect Tuberculous subject.
7. An increase of 5.	Age 12.	Compensated V.D.H., otherwise healthy.
8. An increase of 4.	Age 7.	Improved after a Tonsil operation
9. An increase of 4.	Age 9.	A bad attender at ordinary school on account of alleged illness ; continued a bad attender at the Open Air School.
10. An increase of 3.	Age 12.	A Tuberculosis contact, otherwise healthy.
11. An increase of 1.	Age 10.	Improved after Tonsil operation.
12. No change.	Age 10.	Subject to Bronchitis.
13. No change.	Age 9.	Otitis. Improved after Ionisation, but refused further treatment.
14. A decrease of 8.	Age 7.	Bad home conditions. Refused Tonsil operation.
15. A decrease of 5.	Age 11.	A Suspect Tuberculous subject.
16. A decrease of 2.	Age 10.	A Tuberculosis contact.
17. A decrease of 2.	Age 13.	Was stated to have had Chorea before admission.
18. A decrease of 1.	Age 8.	A child of delicate appearance with no definite sign of disease.

Boys.

1. An increase of 8.	Age 10.	Stated to be delicate. No sign of disease.
2. An increase of 5.	Age 9.	Open Air School advised by private doctor on account of debility. Improved after treatment of oral sepsis.
3. An increase of 5.	Age 7.	Stated to be delicate. No sign of disease.

4. An increase of 4.	Age 10.	Stated to be delicate. No sign of disease.
5. An increase of 3.	Age 7.	Stated to be delicate on account of biliousness.
6. An increase of 3.	Age 11.	A Tuberculosis contact, otherwise healthy.
7. An increase of 2.	Age 10.	Chronic Choreic movements.
8. An increase of 2.	Age 11.	A Suspect Tuberculous subject.
9. An increase of 2.	Age 6.	Old Osteomyelitis with sinus.
10. An increase of 2.	Age 11.	M.D. Suspect Tuberculous subject.
11. An increase of 1.	Age 7.	A Suspect Tuberculous subject.
12. No change.	Age 7.	Enuresis. Head Teacher of ordinary Elementary School suggested Open Air School.
13. No change.	Age 7.	Quiescent Tuberculous knee. Died later of Tuberculous Meningitis.
14. A decrease of 8.	Age 12.	A Suspect Tuberculous subject.
15. A decrease of 2.	Age 9.	Chronic Nasal Catarrh.
16. A decrease of 2.	Age 8.	A listless boy. No sign of disease discoverable.
17. A decrease of 2.	Age 13.	A Suspect Tuberculous subject.

These observations suggest :—

(1) That children with no disease show accelerated weight increase at the Open Air School.

(2) That children admitted with treatable unhealthy conditions show accelerated weight increase at the Open Air School when this condition is treated and cured.

(3) That children with physical defect (*e.g.* compensated V.D.H.) the result of previous but cured disease, show accelerated weight increase at the Open Air School.

(4) That increase in weight at a slower rate than normal is a warning sign of active disease.

(5) That the mere statement of weight increase is of little value unless compared with a standard and the rate of increase assessed.

Blind, Deaf, Defective and Epileptic

See Board of Education Table III.

The methods of ascertainment are as described in previous reports. Slight modifications of detail have been made to meet the needs of the Board's classification scheme.

Deaf School.

Number on Roll on December 31st, 1932	..	30
---------------------------------------	----	----

There have been 5 admissions during the year, two of them completely deaf and three partially deaf. Two children left having reached the age limit ; one child left to enter a Residential School for the Deaf, and one child left before attaining the age of 16, special permission having been given by Devon County.

The Special School for Feeble-minded Children.

Mixed School.

On register at end of the year	..	131
No. of admissions during the year	..	33
No. of discharges during the year	..	33
No. transferred to Boys' School	..	19
Average attendance	.. ..	119

Boys' School.

On register at end of the year	..	150
No. left	.. ..	33
No. admitted	.. ..	42
Average Attendance	.. ..	115

The Acting Head Master of the Boys' School reports as follows :

“ The dining accommodation has again been taxed to its limit, the number of boys so provided for often approaching 80. The arrangements for serving continue to work smoothly and expeditiously so that each boy gets a thoroughly hot dinner. The lack of means in the homes of so many of our children often makes the school dinner the only adequate meal for the day. The provision of such a meal, therefore, forms an increasingly valuable piece of social service ; as indeed is all the work in a school of this type.

“ The summer activities included a successful Swimming Class, a weekly visit to the Astor Playing Field, and in July a very successful Sports Day. The latter was favoured with fine weather and a good programme of events was got through with zest and keen competition.

“ The walled garden at Woodside serves as a valuable adjunct to the open-air training of these handicapped boys. The work there is educative, healthy and profitable, and the remarkably fine summer gave us an abundant crop of vegetables and a good show of flowers .

“ On December 2nd, the first Head Master left to take up a new position at Somerset Place Junior School. When he opened the school in 1920, the number of boys registered was 82 and the attendance 62. Those numbers were doubled during his years of service and the activities of the school have developed in like proportion.”

Employment of Children and Young Persons Medical examinations were held of school children and young persons prior to engaging in employment or street trading under the Authority's Regulations. The majority of employed children in Plymouth do tradesmen's errands or deliver papers. In only one or two cases was it impossible to give the required medical certificate.

Entertainment Licences Twenty-five children were examined prior to the issue of licences to take part in theatrical and other entertainments. Application is occasionally made for medical consent to extension of children's theatre work beyond the usual hour (10 p.m.). As such children are required to do a full day's schooling the following day, starting at 8.50 a.m., such consent has not been given except during holiday periods.

Lodgings occupied by children employed at theatres and their dressing-room accommodation in the theatres have been inspected by School Medical Officers whenever the Authority required it.

•

Secondary and Higher Schools The Medical Inspections of 2,575—*i.e.* all the children on the Registers of these Schools, occupied 147 sessions during the year. Many of them had received treatment while in primary schools, but many instances of eye, orthopaedic and other defects are first discovered at the Secondary School. Nurses attend inspections in the Girls' Departments when they can be spared from other duties, but in any case they are given the names and addresses of parents to be visited for the purpose of receiving treatment. The visits so paid are included in the general statistics of Nurses' work.

The Authority's schemes of treatment for Elementary School children are, with the exception of Dentistry, available for the children at Secondary Schools.

SECONDARY AND HIGHER SCHOOLS.

TABLE V
RETURN OF MEDICAL INSPECTIONS FOR THE YEAR
ENDED 31st DECEMBER, 1932.

ROUTINE MEDICAL INSPECTIONS.

	<i>Age.</i>								Total.
	10	11	12	13	14	15	16	17 & over	
Boys ..	30	119	234	231	290	212	116	42	1274
Girls ..	20	140	262	292	263	171	98	55	1301
Total	50	259	496	523	553	383	214	97	2575

TABLE VI.

SECONDARY AND HIGHER SCHOOLS

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1932.

Defect or Disease.						Routine Inspections.		Special Inspections.	
						No. of Defects.		No. of Defects.	
						Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)						(2)	(3)	(4)	(5)
Malnutrition						—	29	—	—
Skin	{ Ringworm :								
	{ Scaip 					1	—	—	—
	{ Body 					—	—	—	—
	{ Scabies					—	—	—	—
	{ Impetigo					3	1	—	—
Eye	{ Other Diseases (non-tuberculous) ..					6	27	—	—
	{ Blepharitis					1	9	—	—
	{ Conjunctivitis					1	2	—	—
	{ Keratitis					—	—	—	—
	{ Corneal Opacities					1	—	—	—
Ear	{ Defective Vision (excluding Squint) ..					175	516	5	8
	{ Squint					2	19	—	—
	{ Other Conditions					—	2	—	—
	{ Defective Hearing					1	17	—	—
	{ Otitis Media					4	—	—	—
Nose and Throat	{ Other Ear Diseases					13	2	—	1
	{ Enlarged Tonsils only					67	139	4	—
	{ Adenoids only					6	9	—	—
	{ Enlarged Tonsils and Adenoids					8	9	—	—
	{ Other Conditions					1	4	—	—
Enlarged Cervical Glands (non-tuberculous) ..						1	9	1	—
Defective Speech						3	7	—	—
Heart and Circulation	{ Heart Disease :								
	{ Organic					1	29	—	1
	{ Functional					—	38	—	—
Lungs	{ Anæmia					—	26	—	—
	{ Bronchitis					1	9	—	—
	{ Other Non-Tuberculous Diseases					3	120	—	—
Tuber- culosis.	{ Pulmonary :								
	{ Definite					—	—	—	—
	{ Suspected					—	6	—	—
	{ Non-Pulmonary :								
	{ Glands					—	10	—	—
	{ Spine					—	—	—	—
	{ Hip					—	—	—	—
	{ Other Bones and Joints					—	—	—	—
Nervous System	{ Skin					—	—	—	—
	{ Other Forms					—	—	—	—
	{ Epilepsy					—	—	—	—
	{ Chorea					—	—	—	—
Deformities	{ Other Conditions					2	4	—	—
	{ Rickets					—	2	—	—
	{ Spinal Curvature					2	3	—	—
Other Defects and Diseases						14	17	—	1
						16	153	1	—

SECONDARY AND HIGHER SCHOOLS.

B. NUMBER OF INDIVIDUAL CHILDREN FOUND
AT ROUTINE MEDICAL INSPECTION TO REQUIRE
TREATMENT (EXCLUDING UNCLEANLINESS AND
DENTAL DISEASES).

<i>Group.</i> (1)	<i>Number of Children.</i>		<i>Percentage of Children found to require treatment.</i> (4)
	<i>Inspected.</i> (2)	<i>Found to require treatment.</i> (3)	
Total . .	2,575	311	12.1

TABLE VII.
SECONDARY AND HIGHER SCHOOLS.
DEFECTIVE VISION AND SQUINT.

<i>Defect or Disease.</i>	<i>Number of Defects dealt with.</i>			
	<i>Under the Authority's Scheme.</i>	<i>Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme.</i>	<i>Otherwise.</i>	<i>Total.</i>
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint) ..	107	62	—	169
Other Defect or Disease of the Eyes ..	—	—	8	8
TOTAL ..	107	62	8	177

Total number of Children for whom Spectacles were prescribed :—

(a) Under the Authority's Scheme	102
(b) Otherwise	62

Total number of Children who obtained or received Spectacles :—

(a) Under the Authority's Scheme	26
(b) Otherwise	138

TABLE VIII.
SECONDARY AND HIGHER SCHOOLS.
TREATMENT OF DEFECTS OF NOSE AND THROAT.
NUMBER OF DEFECTS.

<i>Received Operative Treatment.</i>			<i>Received other forms of Treatment.</i>	<i>Total number treated.</i>
<i>Under the Authority's Scheme in Clinic or Hospital.</i>	<i>By Private Practitioner or Hospital, apart from the Authority's Scheme.</i>	<i>Total.</i>		
(1) <i>Tonsils.</i>	(2) <i>Tonsils.</i>	(3) <i>Tonsils.</i>	(4)	(5)
1	3	4	2	6

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

Children suffering from the following types of Multiple Defect, i.e. any combination of Total Blindness, Total Deafness, Mental Crippling, or Heart Disease		Boys.	Girls.	Total.	
BLIND (including partially Blind).	(i) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	2	1	3
	(ii) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	2 — — 1	3 — — 1	5 — — 2
	(i) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	6 — — —	11 — — —	17 — — —
	(ii) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	8 — — —	5 — — —	13 — — —
	Feeble-minded.	At Certified Schools for Mentally Defective Children ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	186 — 13 —	113 — 13 —	299 — 26* —
DEAF (including deaf and dumb and partially deaf).	Suffering from severe epilepsy.	At Certified Schools for Epileptics ... At Certified Residential Open-Air Schools ... At Certified Day Open-Air Schools ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	6 — — — — 1	2 — — — — 1	8 — — — — 2
	Suffering from epilepsy which is not severe.	At Public Elementary Schools ... At no School or Institution ...	8 —	11 —	19 —
	Active pulmonary tuberculosis (including pleura and intra-thoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... At Certified Residential Open-Air Schools ... At Certified Day Open-Air Schools ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	10 — 2 — — —	10 — 7 — — 6	20 — 9 — — 6†
	Quiescent or arrested pulmonary tuberculosis (including pleura and intra-thoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... At Certified Residential Open-Air Schools ... At Certified Day Open-Air Schools ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	— — 19 29 — —	— — 8 14 — —	— — 27 43 — —
	Tuberculosis of the peripheral glands.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... At Certified Residential Open-Air Schools ... At Certified Day Open-Air Schools ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	1 — 9 15 — 1	— — 5 5 — —	1 — 14 20 — 1
PHYSICALLY DEFECTIVE.	Abdominal Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... At Certified Residential Open-Air Schools ... At Certified Day Open-Air Schools ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	1 — 3 1 — 1	2 — 1 1 — —	3 — 4 2 — 1
	Tuberculosis of bones and joints (not including deformities due to old Tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	3 — — —	6 — — —	9 — — —
	Tuberculosis of other organs (skin, etc.).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	— — — —	— — — —	— — — —
	Delicate Children, i.e. all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open-Air School.	At Certified Residential Cripple Schools ... At Certified Day Cripple Schools ... At Certified Residential Open-Air Schools ... At Certified Day Open-Air Schools ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	— — — — 106 27 —	— — 14 108 31 —	— — 14 214 58 —
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools ... At Certified Residential Cripple Schools ... At Certified Day Cripple Schools ... At Certified Residential Open-Air Schools ... At Certified Day Open-Air Schools ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	— 2 — — 7 86 5	— 2 — — 17 69 1	— 4 — — 24 155 6
	Children with heart disease, i.e. children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools ... At Certified Residential Cripple Schools ... At Certified Day Cripple Schools ... At Certified Residential Open-Air Schools ... At Certified Day Open-Air Schools ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	— — — — — — — 1	— — — — — — — 1	— — — — — — — 2
				(NIL)	
				(NIL)	

(NIL.)

(NIL.)

* At Private Schools.

† These children are excluded from school by the Tuberculosis Medical Officer.

TABLE IIIA.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

<i>Blind and Mental Defective</i>	Has been attending West of England Institution for the Blind, Exeter. To be admitted to the Special School at Abbotskerswell after Tonsil and Adenoid operation has been performed.	Girl.
<i>Mental Defective and Non-Infective but Active Pulmonary Tuberculosis</i>	Attending Open Air School.	Boy.
<i>Mental Defective and Non-Infective but Active Pulmonary Tuberculosis</i>	Attending Open Air School.	Boy.

